



UNHCR
The UN Refugee Agency

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Evaluation of UNHCR's Engagement in Humanitarian-Development Cooperation

REPORT ON A LONGITUDINAL,
INDEPENDENT EVALUATION
(SEPTEMBER 2018 – MARCH 2021)

VOLUME II: ANNEXES

SEPTEMBER 2021

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GPPI

GLOBAL PUBLIC POLICY
INSTITUTE

ISDC

INTERNATIONAL
SECURITY AND
DEVELOPMENT
CENTER

Annex 1: Interviewees

Name	First Name	Organization	Country
Abbado	Marta	Comitato Internazionale Per Lo Sviluppo Dei Popoli (CISP)	Niger
Abdou Insa	Issa	Sonihy	Niger
Abdulahi	Feysel	UNDP	Ethiopia
Abdulahi Farah	Muhammed	DRDIP	Ethiopia
Abdulahi Omer	Hussein	Ethiopian Somali Regional State Bureau of Finance and Economic Development	Ethiopia
Abedalrhman Aladwan	Yaser	Governorate of Mafrq	Jordan
Aberra	Fisseha	Ministry of Finance and Economic Cooperation	Ethiopia
Abu Jolban	Khaled	International Medical Corps	Jordan
Abualrob	Hiba	UNICEF	Ethiopia
Achieng Otiego	Lilian	UNHCR	Uganda
Ada	Laoualy	Stratégie pour le Développement et la Sécurité des Zones Sahélo-Sahariennes du Niger	Niger
Adefires	Daniel	ARRA	Ethiopia
Admassu	Takele	GIZ	Ethiopia
Aebli	Octavie	UNHCR	Ethiopia
Ahmed	Forkan	Cox's Bazar Development Authority	Bangladesh
Ahmed Abdulahi	Eng. Mahamaed	Somali Regional State of Ethiopia Bureau of Trade, Transport and Industry	Ethiopia
Akwor	Senay	VERA	Ethiopia
Al Dhabbi	Assia	KfW	Jordan
Alabadi	Mohammed	Jordan River Foundation	Jordan
Alabaster	Graham	UN Habitat	Kenya
Alam	Md. Shah	BRAC	Bangladesh
Alam	Zahangir	COAST (Coastal Association for Social Transformation Trust)	Bangladesh
Alam	Mahbub	Office of the Refugee Relief and Rehabilitation Commission	Bangladesh
Alam	Saiful	District Primary Education Office	Bangladesh
Aldorgham	Najwan	UNHCR	Jordan
Al-Doughmi	Mousa	CARE	Jordan
Alemayehu	Dr. Abraham	Ministry of Health	Ethiopia
Al-Hamwan	Mohammed	UNICEF	Jordan
Alhassane	Moussa	UNHCR	Niger
Alibisit	John	UNHCR	Ethiopia
Al-Khatat-Williams	Alia	UNHCR	Jordan
Allen	Kevin	UNHCR	Switzerland
Allen	Fiona	UNHCR	Jordan
Almajeed	Abed	Governorate of Mafrq	Jordan
Almasadh	Nidal	UNHCR	Jordan
Alnajar	Ibrahim	Mercy Corps	Jordan
Alramadneh	Wafa'a	FAO	Jordan
Alshiekh	Awad	UNHCR	Jordan
Amare	Mikias	UNHCR	Ethiopia

Amel	Amir Ali	UNHCR	Jordan
Amoussougbo	Yves	UNHCR	Côte d'Ivoire
Andrews	Jonathan	UNHCR	Ethiopia
Aql	Aql Ibrahim	Jordan River Foundation	Jordan
Ara	Gulfam	SCF	Bangladesh
Araki	Arefu	UNHCR	Pakistan
Araki	Hiroko	UNHCR	Switzerland
Araya	Yonatan	UNHCR	Kenya
Asfau	Murunah	UNHCR	Ethiopia
Asfow	Muluneh	UNHCR	Ethiopia
Afsar	Ashraful	District Commissioner	Bangladesh
Assefa	Shimels	UNDP	Ethiopia
Atsumi	Sakura	UNHCR	US
Aubrey	Dyfed	UN Habitat	Kenya
Aviotti	Marco	IRC	Jordan
Ayasrah	Walaa	Jordan River Foundation	Jordan
Ayliffe	Dan	DFID	Ethiopia
Ayoubi	Ziad	UNHCR	Switzerland
Azad	Md. Abul Kalam	Prime Minister's Office	Bangladesh
Azam	Md Shahidul		Bangladesh
Azzam	Fahmiye	JOHUD	Jordan
Bade	Jan	Embassy of the Kingdom of the Netherlands	Ethiopia
Bah	M.	Asusu S.A.	Niger
Bakeer	Rania	UNHCR	Jordan
Bakker	Nisha	The Netherlands Ministry of Foreign Affairs	Netherlands
Balde	Mamadou Dian	UNHCR	Switzerland
Baloi	Oana	UN Habitat	Ethiopia
Balyamujura	Roger	UNHCR	Ethiopia
Barba	Jean-Yves	ILO	Ethiopia
Barcena Lujambio	Margarita	FAO	Ethiopia
Barnhart	Elizabeth	UNHCR	Jordan
Bartsch	Dominik	UNHCR	Jordan
Barua	Shyamal	BRAC	Bangladesh
Bassono	Jean de la Croix	WFP	Niger
Baureder	Christian	UNHCR	Switzerland
Bazzanella	Sabrina	EU Delegation	Ethiopia
Beddies	Sabine	World Bank	Niger
Bergqvist	Johan	SIDA	Sweden
Berndt	Jerome	African Development Bank	Côte d'Ivoire
Berquin	Charlotte	UNHCR	Niger
Bert	Francesco	UNHCR	Jordan
Bitar	Serin	UNHCR	Jordan
Boffi	Alice	AVSI	Jordan
Bonino	Francesca	UNHCR	Switzerland
Boubacar	Sidikou	Ministère de l'Action Humanitaire et de la Gestion des Catastrophes	Niger
Boudon	Susana	UNHCR	Jordan
Brass	Nicolas	UNHCR	Switzerland

Brass	Nicolas	UNHCR	Switzerland
Buckle	Johannes	Sachsen Wasser	Ethiopia
Burt	Murray	UNHCR	Switzerland
Burton	Ann	UNHCR	Switzerland
Butscher	Susanne	UNHCR	Jordan
Cabos	Isabelle	European Investment Bank	Luxemburg
Cagatay	Demiroz	UNHCR	Switzerland
Caracciolo	Viola	UNHCR	Jordan
Carrillo	Christian	UNHCR	Switzerland
Cavicchi	Serena	UNHCR	Niger
Celis	Andres	UNHCR	Honduras
Chaix	Jessica	UNICEF	Jordan
Chakatsva	Naison	UNHCR	Jordan
Chapuisat	Tanya	UNICEF	Jordan
Charignon	Patrick	IOM	Bangladesh
Chemaly	William	UNHCR	Switzerland
Chemaly	William	UNHCR	Switzerland
Chidumula Nyirenda	John	IOM	Bangladesh
Choi	Jean	UNICEF	Ethiopia
Chowdhury	Ritthick	Department of Public Health Expenditure (DPHE)	Bangladesh
Chowdhury	Mohbuba	UNHCR	Bangladesh
Chuol	Deng	UNICEF	Ethiopia
Chuol Puok	Jock	WHO	Ethiopia
Clark	Trevor	UNICEF	Ethiopia
Clark	Trevor	UNDP	Bangladesh
Clerici	Mauro	UNHCR	Iraq
Clifton	John	John Clifton Lda Consultores	Ethiopia
Corliss	Steven	UNHCR	Bangladesh
Dababneh	Jameel	CARE	Jordan
Dak	David	UNHCR	Ethiopia
Dallakoti	Gunjan	ILO	Bangladesh
Daru	Patrick	ILO	Jordan
Das	Rekha	UNDP	US
Das	Asis	UNHCR	Ethiopia
De Been	Amber	Embassy of the Kingdom of the Netherlands	Jordan
de Herde	Alexis	UNHCR	Ethiopia
de Marchant et d'Ansembourg	Benoit	UNHCR	Switzerland
Debebe	Meseret	ARRA	Ethiopia
DeVictor	Xavier	World Bank	US
Diakité	Mado	High Commissioner for the 3N Initiative	Niger
Dietz	Eric	Embassy of Luxembourg	Niger
Dimé-Labille	Diarra	Permanent Mission of France in Geneva	Switzerland
Dopavogui	Georges	WFP	Niger
Dosset	Tabari	US BPRM	Jordan
Douchet	Claire	EU Delegation	Ethiopia
Dwomo	Kofi	UNHCR	Ethiopia
Egas	Jose	UNHCR	Switzerland

El Amin	Mohamad	UNHCR	Jordan
El Naboulsi	Ziad	UNICEF	Ethiopia
Ellis	Robin	UNHCR	Switzerland
Elnour	Sondos	UNHCR	Jordan
Encontre	Ann	UNHCR	Ethiopia
Engle	Kristen	US Mission in Geneva	Switzerland
Ennis	Carolyn	UNHCR	Jordan
Ensch	Florence	Luxembourg Ministry of Foreign and European Affairs	Luxemburg
Erbert	Tobias	GIZ	Ethiopia
Euler	Björn	GIZ	Niger
Falcy	Louis	UNHCR	Mauritania
Faleh Gharaibeh	Feda	Ministry of Planning and International Cooperation	Jordan
Farah Abdi	Faysal	Mercy Corps	Ethiopia
Fellesson	Mans	UNHCR	Kenya
Feroz	Mostafa	SCF	Bangladesh
Ferrand	Cyril	FAO	Italy
Ferrer Olivella	Sara	UNDP	Jordan
Fisseha	Ataklti	UNHCR	Ethiopia
Fix	Jedediah	UNHCR	Switzerland
Frepong	Kwadwo	UNHCR	Ethiopia
Frisell	Frederik	SIDA	Sweden
Fu	Christine	UNHCR	Switzerland
Fugah	Bruno	UNHCR	Niger
Gaertner	Nicole	US BPRM	US
Galaasen	Ana	Embassy of Norway	Jordan
Garofalo Cornaro	Giorgia	EU Delegation	Jordan
Gaunt	Anna	UNHCR	Jordan
Gazarwa	Dorothee	UNHCR	Ethiopia
Geneti	Berhanu	UNHCR	Ethiopia
Gervier	Eric	UNHCR	Ethiopia
Gharaybeh	Layaly	UNHCR	Jordan
Gherardi	Carlo	NRC	Jordan
Gibreel	Noha	UNHCR	Jordan
Gill	Catherine	Australian Permanent Mission in Geneva	Switzerland
Gillsäter	Björn	World Bank / UNHCR Joint Data Center	Denmark
Gimaw	Simon	UNHCR	Bangladesh
Girma	Abiy	UNHCR	Ethiopia
Gornall	Shelley	UNHCR	Switzerland
Gottwald	Martin	UNHCR	Switzerland
Guest	Peter	WFP	Bangladesh
Guittet	Anna	Embassy of Sweden	Bangladesh
Gulick	Karen	UNHCR	Switzerland
Gurung	Nini	UNHCR	Jordan
Hag Elamin	Naredin	FAO	Jordan
Hambrouck	Kristine	UNHCR	Ethiopia
Hameed	Naila	World Bank	Lebanon
Hanquart	Baptiste	Jordan INGO Forum	Jordan
Hansen	Ellen	UNHCR	Switzerland
Harild	Niels	Nordic Consulting Group	Denmark

Harlass	Sandra	UNHCR	Bangladesh
Harvey	Nick	DFID	Bangladesh
Hasan Falug	Ahmed	UNHCR	Ethiopia
Hasegawa	Nodoka	UNHCR	Bangladesh
Hashem	Marwa	UNHCR	Jordan
Hayat	Shah Rezwan	Office of the RRRC	Bangladesh
Heintze	Annasophia	UNHCR	Switzerland
Helyar	William	UK FCDO	Jordan
Herneryd-Yahya	Katarina	UNHCR	Ethiopia
Herve	Ronan	UNHCR	Ethiopia
Hijazin	Giacomo	US BPRM, US Embassy in Amman	Jordan
Hooper	Alice	DFID	Ethiopia
Hopp	Judith	German Federal Foreign Office	Germany
Hosoi	Mai	UNHCR	Bangladesh
Hossain	Md Kamal	Deputy Commissioner for Cox's Bazar	Bangladesh
Hossain	Jahed	ILO	Bangladesh
Hozumi	Tomoo	UNICEF	Bangladesh
Huseini	Mohamed	ARRA	Ethiopia
Iarerra	Maria	EEAS Amman	Jordan
Ibrahim	Abdallah	UNHCR	Jordan
Illa	Hamidatou	Agence Française de Développement	Niger
Irwin	Emilie	UNHCR	Switzerland
Irwin	Emilie	UNHCR	Switzerland
Isak Farah	Abdilahi	Somali Regional State of Ethiopia Bureau of Agriculture	Ethiopia
Is'haqat	Maher	UNHCR	Jordan
Islam	Md. Monirul	Prime Minister's Office	Bangladesh
Isomova	Irina	UNHCR	Jordan
Ivchenko	Sergii	UNHCR	Jordan
Iwami	Erina	World Bank	Ethiopia
Jadaan	Zeina	UNHCR	Jordan
Jamal	Arafat	UNHCR	Switzerland
Jambazishvili-Yucer	Sophie	UNHCR	Jordan
Janes Lucas	Maggie	Mercy Corps	Niger
Jenkins	Richard	UNICEF	Jordan
Johnson	Helen	SCF	Bangladesh
Jones	Barnaby	UNHCR	Ethiopia
Joshi	Sudip	WFP	Bangladesh
Kabre Barreto	Marie-Louise	UNHCR	Ethiopia
Kader	Ahmed	Save the Children	Ethiopia
Kajdomcaj	Marin Din	UNHCR	Bangladesh
Kanaan	Sima	UNHCR	Jordan
Karim	Fahmida	UNHCR	Bangladesh
Kattaa	Maha	ILO	Jordan
Kawarabayashi	Kaori	UNHCR	Switzerland
Kawazoe	Yasuhiro	JICA	Bangladesh
Kelberer	Victoria	N/A	US
Kelley	Ninette	UNHCR	US
Kerespars	David	European Commission / DG ECHO	Niger

Ketyibelu	Kefelegn	UNHCR	Ethiopia
Khalifa	Rehab	UNHCR	Jordan
Khallaf	Shaden	UNHCR	Jordan
Khetib-Grundy	Sofia	UNHCR	Switzerland
Kiani	Maria	UNHCR	Kenya
Kidanu	Asfaw	ILO	Ethiopia
Kinfe	Kiros	ARRA	Ethiopia
Kjetland	Halfdan	UNHCR	Bangladesh
Kochenova	Zalina	UNHCR / FAO	Kenya
Kortekaas	Leopold	UNHCR	Cameroon
Kourouma	Mamady Fatta	UNHCR	Niger
Krause	Stefanie	UNHCR	Uganda
Krishnamoorthy	Veena	UNHCR	Jordan
Kumar Chakrabarty	Subrata	UNHCR	Bangladesh
Kyle	Susan	US BPRM	US
Kysma Sylla	Papa	UNHCR	Bangladesh
Lacroix	Rebecca	World Bank	Ethiopia
Lamarre	Carolina	UNHCR	Bangladesh
Landiech	François	Embassy of Sweden	Jordan
Le Cabellec	Luc	Agence Française de Développement	Jordan
le Rutte	Mathijs	UNHCR	Ethiopia
Lebbie	Mohamed	UNHCR	Ethiopia
Lee	Ellen	UNHCR	Switzerland
Lei	Sun	UNESCO	Bangladesh
Lemarquis	Bruno	UNDP	US
Lemessa	Dhaba	ARRA	Ethiopia
Lensing-Hebben	Caroline	UNHCR	Switzerland
Limbu	Tika R.	ADB	Bangladesh
Lippmann	Betsy	UNHCR	Switzerland
Lithur	Louis	UNHCR	Ethiopia
Little	Simon	N/A	UK
Lloyd	Robin	UNHCR	Kenya
Lo Castro	Laura	UNHCR	Switzerland
Lyfors	Elisabeth	UNHCR	Niger
MacDermott	Justin	IOM	Switzerland
Macleod	Ewen	UNHCR	Switzerland
Mahaboubou	Ibrahim	Swiss Cooperation	Niger
Mahamadou	Guide Amadou	UNHCR	Niger
Mahamane	Maliki Amadou	World Bank	Niger
Mahamat	Ali	UNHCR	Niger
Mahamat	Ali	UNHCR	Switzerland
Maistre	Nicolas	UNHCR	Burkina Faso
Makhtal Cabdulaahi	Bashiir	Jigjiga Polytechnic College	Ethiopia
Malik	Saijad Masoud	UNHCR	Switzerland
Mambili	Enock	UNHCR	Ethiopia

Mamo	Kassa	GAIA	Ethiopia
Massoud	May	UNHCR	Ethiopia
Matemane	Thomas	UNHCR	Ethiopia
Matthews	Christine	UNHCR	Jordan
Mazou	Raouf	UNHCR	Switzerland
McCormick	Josh	Mennonite Central Committee	Jordan
Mcdowall	Alexandra	UNHCR	Switzerland
Mehad	Ayon	UNHCR	Ethiopia
Meier-Metz	Marie	GIZ	Switzerland
Mekonnen	Fisseha	UNDP	Ethiopia
Mekuria Dinede	Kibrewosen	Investment Bureau	Ethiopia
Mersch	Celine	UNHCR	Kenya
Mesele	Yonas	ACF	Bangladesh
Meseret	Fisseha	National Coordination Office	Ethiopia
Milhem	Rana	UNHCR	Ethiopia
Mirbagheri	Susana	UNHCR	Jordan
Modi	Anjana	US BPRM	Jordan
Mohamed	Abdikadir	Ethiopian Somali Regional State Bureau of Finance and Economic Development	Ethiopia
Mohammad	Ali	Ministry of Health and Family Welfare	Bangladesh
Mohbuba	Choudhury	UNHCR	Bangladesh
Momani	Feras	Ministry of Planning and International Cooperation	Jordan
Monga	Nivedita	Oxfam	Jordan
Monodjomi	Yonoudjoun Médard	UNHCR	Niger
Moore	Brett	UNHCR	Switzerland
Moreno	Benoit	UNHCR	Niger
Morgan	Marie-Josee	UNHCR	Ethiopia
Morlang	Claas	UNHCR	Switzerland
Moroz	Michael	UNDP	Jordan
Morshed	K A M	BRAC	Bangladesh
Muhammed	Mahmud	IRC	Ethiopia
Muhoro	Gloria	UNHCR	South Africa (RB)
Mukhanji	Josephat	UNICEF	Ethiopia
Mundt	Alex	UNHCR	Switzerland
Munna	Hassan	Center for Natural Resource Studies	Bangladesh
Murphy	Maeve	UNHCR	Jordan
Musa Khalifa	Adam	UNHCR	Jordan
Musleh	Yara	Jordan River Foundation	Jordan
Mwangi	Annabel	UNHCR	Ethiopia
Myradov	Myrat	UNHCR	Jordan
Nafion	Mohamed	UNHCR	Niger
Nakashiba	Haruno	UNHCR	Bangladesh
Namara	Suleiman	World Bank	Bangladesh
Nassar	Rana	DFID	Jordan
Nassmacher	Wendy	US Embassy	Niger
Ndawula	Carlolyn	UNHCR	Ethiopia
Ndlovu	Rhodes	UNHCR	Bangladesh
Negash	Tadesse	Lutheran World Federation	Ethiopia
Negussie	Yewelsew	ARRA	Ethiopia

Nettey	Reuel Christopher	UNHCR	Ethiopia
Ngendahayo Kayiramirwa	Francoise	UNHCR	Jordan
Ngu	Henny	UNDP	US
Nicol	Anna	US BPRM	US
Njuga	Mwangome	NRC	Ethiopia
Nkweta Salami	Clementine Awu	UNHCR	Ethiopia
Noro	Monica	UNHCR	Jordan
Nurgi	Chemeda	UNICEF	Ethiopia
Nyambaka	Robert	UNHCR	Ethiopia
Nyamwana	Dismas	UNHCR	Ethiopia
Obup	Dr. Lou	Agriculture and Natural Resources Bureau	Ethiopia
Okorie	Ikechi	World Bank	Bangladesh
Okoth	Stephen	UNHCR	Ethiopia
Omod	Mack	UNDP	Ethiopia
Orana	Veton	UNHCR	Bangladesh
Orsini	Nicola	AVSI	Jordan
Osofisan	Wale	IRC	US
Otoum	Radwan	Governorate of Irbid	Jordan
Oulaye	Yedea Emilie	World Bank	Niger
Parker	Vincent	UNHCR	Ethiopia
Pearce	Kylie	UNHCR	Ethiopia
Pedersen	Anders	UN	Jordan
Pes	Roberto	ILO	Niger
Peters	Mariko	Embassy of the Kingdom of the Netherlands	Ethiopia
Peters	Anne	DFID	Bangladesh
PolICASTRO	Raffaella	WFP	Niger
Rahman	Mohammed Masudur	UNHCR	Bangladesh
Rahman	Md. Anisur	LGED Local Government Engineering Department	Bangladesh
Rahman	Shah	Ministry of Disaster Management and Relief	Bangladesh
Rai	Pallavi	HC/RC Office	Jordan
Rakhimova	Iriina	UNHCR	Jordan
Rakontondradalo	Sendralahatra	UNHCR	Niger
Rambøll	Unni	Norwegian Ministry of Foreign Affairs	Norway
Rappeport	Wendy	UNHCR	Rwanda
Rasavac-Avdagic	Selma	IFC	Jordan
Rawee	Floortje	Embassy of the Kingdom of the Netherlands	Jordan
Razzaz	Susan	World Bank	Jordan
Reese	Benjamin	UNICEF	Ethiopia
Ridung	Charlotte	UNHCR	Ethiopia
Riszk	Samuel	UNDP	Jordan
Roberts	Tony	FAO	Jordan
Rockenfeller	Yasmine	OECD	France
Rosenthaler	Sabine	Embassy of Switzerland, Swiss Cooperation Office	Jordan
Ruadel	Heloise	ILO	Switzerland

Russo	Roberta	UNHCR	Switzerland
Sacco	Annalaura	UNHCR	Jordan
Sadat	Wali	UNHCR	Jordan
Sadoun	Jasmin	GIZ	Jordan
Sahane	Farhan	NRC	Ethiopia
Sahnoun	Hania	UNHCR	Jordan
Saidumarova	Rano	UNHCR	Jordan
Samain	Rami	European Bank for Reconstruction and Development	UK
Samolej	Agnieszka	GIZ	Germany
Sanchez Pineiro	Oscar	UNHCR	Bangladesh
Sanders	Craig	UNHCR	Switzerland
Sandlund	Annika	UNHCR	Switzerland
Santos-Jara	Francisco	UNDP	Jordan
Sarker	Bimal Chandra Dey	Mukti	Bangladesh
Sarker	Jacob	SCF	Bangladesh
Savarimuthu	Stéphane	UNHCR	Jordan
Schaub	Christian	KfW	Jordan
Schenkenberg	Ed	HERE	Switzerland
Schilling	Julia	Embassy of the Federal Republic of Germany	Jordan
Schilperoord	Marian	UNHCR	Switzerland
Schimmel	Volker	UNHCR	Jordan
Schlömann	Markus	KfW	Niger
Schmidt	Anna	EU DEVCO	Belgium
Schmidt	Bettina	Federal Ministry of Economic Cooperation and Development	Germany
Schoenbauer	Roland	UNHCR	Switzerland
Schrepfer	Nina	UNHCR	Jordan
Schröpel	Vera	UNICEF	Ethiopia
Schulte	Arthur	UNHCR	Jordan
Schwarz	Steffen	World Vision International	Jordan
Seevinck	Julia	UNHCR	Burundi/Tanzania
Seid	Fatouma D.	FAO	Ethiopia
Seppo	Mia	UN Secretariat	Bangladesh
Sere	Yacouba	UNHCR	Niger
Sergeant	Caroline Mary Verney	World Bank	US
Servadei	Michele	UNICEF	Ethiopia
Severe	Stefano	UNHCR	Jordan
Sfeir	Antoine	UNHCR	Switzerland
Shafei	Abdel Razzaq	Ministry of Health	Jordan
Sharpe	Tammi	UNHCR	Switzerland
Shdaifat	Alaa	DRC	Jordan
Sheridan	Amy	Australian High Commission	Bangladesh
Shibuya	Tomoko	UNICEF	Niger
Shorey	Barri	IRC	US
Shroff	Ritu	UNHCR	Switzerland
Shroff	Ritu	UNHCR	Switzerland

Sida	Lewis	HCL	UK
Simeon	Guiseppe	UNHCR	Jordan
Sjoberg	Annika	UNHCR	Niger
Smoljan	Vladimir	UNHCR	Switzerland
Sobhan	Nahida	Ministry of Foreign Affairs	Bangladesh
Souleymane	Guimba	US Embassy	Niger
Steinacker	Karl	N/A	Germany
Su	Laura	UNFPA	Bangladesh
Suliman	Eskinder	VERA	Ethiopia
Tadele	Tsige	Ministry of Women, Children and Youth	Ethiopia
Tadesse	Ephrem	UNHCR	Ethiopia
Tadjbakhsh	Sharzad	UNHCR	Switzerland
Takagi	Noriko	UNHCR	Switzerland
Tamal	Showvik Das	UNHCR	Bangladesh
Tan	Ephraim	UNHCR	Switzerland
Tarvainen	Johannes	UNDP	US
Tassi	Marouane	UNHCR	Niger
Tatham	Herbert	OCHA	Switzerland
Tax	Blanche	UNHCR	Switzerland
Taye	Dinksew	HC/RC Office	Ethiopia
Tesfay	Teka	ARRA	Ethiopia
Tesso	Habtamu	UNHCR	Ethiopia
Thomas	Manisha	N/A	Switzerland
Thomsen	Thomas	Danish Ministry of Foreign Affairs	Denmark
Thomson	Jessie	CARE	Canada
Tilahun	Getachew	Bureau of Agriculture	Ethiopia
Toki	Hinako	UNHCR	Bangladesh
Tonnoir	Florence	FAO	Ethiopia
Torkelsson	Asa	UNFPA	Bangladesh
Travieso	Berta	UNICEF	Bangladesh
Tsegaye	Abiyu	UNHCR	Ethiopia
Tsehay	Tesfay	UNHCR	Ethiopia
Tulumovic	Muhamed	Italian Cooperation	Niger
Tyler	Alex	UNHCR	Switzerland
Uddin	Shadid	SCF	Bangladesh
van der Schaaf	Charlotte	KfW	Jordan
Van Kempen	Marije	UNHCR	Switzerland
Venturi	Emilie	UNHCR	Switzerland
Vergara-Lamarre	Carolina	UNHCR	Switzerland
Vinet	Rodrigue	FAO	Italy
Visconi di Modrone	Bonaventura	CISP	Niger
Wahjanto	Adriani	UNHCR	Bangladesh
White	Gavin	UNHCR	Ethiopia
Winblad-Machez	Emilie	UNHCR	Switzerland
Winder	Dylan	UK Mission to the UN and WTO	Switzerland
Winter-Norberg	Ingela	SIDA	Sweden
Woodmann	Michael	UNHCR	Switzerland
Yacouba	Moussa	Airtel	Niger
Yacout	Gamal	UNHCR	Jordan
Yalew	Atenkut	UNICEF	Ethiopia

Yassin	Tamador	UNHCR	Jordan
Yibeltal	Channie	UNHCR	Ethiopia
Yilma	Henok	UNHCR	Ethiopia
Yoshinami	Sakiko	UNHCR	Lebanon
Younes	Berween	UNHCR	Ethiopia
Yu	Hong-Won	Permanent Mission of Canada in Geneva	Switzerland
Zamecnik	Matthieu	EU Delegation	Niger
Zech	Johannes	UNHCR	Switzerland
Zokha	Tambi	UNHCR	Jordan

Annex 2: Survey questionnaire and results

Selection criteria

The UNHCR Evaluation Service and representatives of the respective country operations disseminated the survey to staff members in 25 UNHCR country operations. The following groups were included in the country selection:

- Country case studies of the evaluation: Bangladesh, Ethiopia, Jordan, Niger;
- Countries that interviewees mentioned as potential focus countries during the inception phase, but that were not selected: Columbia, Costa Rica, Honduras, Kenya, Mexico, Myanmar, Pakistan, Rwanda, Sudan, Tanzania, Turkey, Uganda, Ukraine, Zambia;
- Countries included in the 2019 review by the Joint Steering Committee to Advance Humanitarian and Development Collaboration: Afghanistan, Burkina Faso, Democratic Republic of the Congo, Cameroon, Chad, Nigeria, Somalia.

Purposive sampling was used to select survey participants, including management and section heads at the country and sub-office levels. The survey focused on establishing perceptions regarding the level and type of humanitarian-development cooperation, the factors affecting the cooperation, the relevance and effectiveness of institutional measures intended to foster cooperation, and the effects of cooperation. Due to a low response rate, the evaluation team only received 30 complete and 17 partial responses to the survey.

Questionnaire¹

This survey is part of an evaluation of UNHCR's engagement in humanitarian-development cooperation.

It is conducted by the evaluation team at the [Global Public Policy Institute \(GPPi\)](#). For more information, please see the [summary terms of reference](#) of the evaluation, or contact [Nabila Hameed](#) at the UNHCR Evaluation Service or [Julia Steets](#) of the evaluation team at GPPi.

Please support UNHCR in refining its strategy and approach to humanitarian-development cooperation by filling out the survey. It takes approximately 20 minutes. If you need to interrupt it, you can save your answers by clicking on "resume later" in the top bar.

The survey is anonymous.

The record of your survey responses does not contain any identifying information about you, unless a specific survey question explicitly asked for it.

¹ Respondents were offered the choice to respond to the survey in English, French or Spanish. Only the English version is included in this Annex.

If you used an identifying token to access this survey, please rest assured that this token will not be stored together with your responses. It is managed in a separate database and will only be updated to indicate whether you did (or did not) complete this survey. There is no way of matching identification tokens with survey responses.

I have read and understood the terms of the study and agree to participate in this survey.

Background

1. Which country do you work in?

[Dropdown]

2. What area of UNHCR do you work in?

Country office management
Sub-office or area office management
Coordination
External relations
CRRF
Development officer
Information management
Cash
Livelihood
Health
Education
WASH
Protection
Shelter
Field

3. Have you previously worked for a development organization in the last 10 years? If yes, how long? (e.g. a development bank, a donor or development agency, a development-focused NGO or a UN agency with a development or dual mandate.)

No.

Yes, 1–2 years.

Yes, 2–5 years.

Yes, more than 5 years.

4. Which development actor have you worked for in the past?

Cooperation with development actors in your context

5. What are the most important examples of cooperation between UNHCR and **development actors** in the context you are currently working in? Please provide two brief examples, mentioning who UNHCR cooperates with and what the cooperation aims to achieve.

6. In the country you are currently working in, how does UNHCR leverage its relationship with development actors to improve opportunities for UNHCR to work with the host government? Please provide up to two brief examples.

7. In the country you are currently working in, how does UNHCR leverage its relationship with the host government to improve opportunities for development actors to engage with refugees and refugee hosting areas? Please provide up to two brief examples.

7. In your perception, has cooperation between UNHCR and development actors changed in the past 2 years?

Yes, it has intensified.

Yes, it has decreased.

No, it has remained the same.

Network

8. How often do you personally meet with representatives of these organizations **in an official capacity**?

The list below features development actors that have in the past received major funding, and irrespective of whether or not they have actively cooperated with UNHCR (if there are other development organizations you meet with on an at least regular basis, please name them in the following question).

Never

Rarely: around 1–3 times per year

Regularly: at least 4 times per year

Often: at least monthly

Very often: at least weekly

9. Which development organizations that were not listed above do you meet with on a regular basis?

If applicable, please name up to three additional development organizations and indicate how often you meet.

10. From the organizations mentioned in the list or your answers above, please name the **three development actors that are most important** in your context of work.

(That is: for persons of concern generally, your sectoral activity **and** in relation to the scope of their engagement in the country you work in.)

11. When you are meeting with representatives of development actors, do you usually meet them in the context of official coordination fora (UNCT, SMT), or on the basis of a bilateral relationship? If there are development actors that you tend to meet outside of official coordination fora, please list them here.

Effects

Please answer the following question for the example(s) of cooperation you provided before.

11. How do you think cooperation with development actors affects the following aspects?

Effects on the rights and protection of persons of concern

Effects on the socioeconomic situation of persons of concern

Effects on the host community

Effects on government capacity, resources and national systems

Effects on UNHCR's reputation and funding

Effects on UNHCR's adherence to humanitarian principles

Effects on partners of UNHCR

Very negative

Negative

No effect or neutral

Positive

Very positive
No answer

Factors

12. What do you see as the main **factors driving and enabling cooperation** between UNHCR and development actors?

Please rank the **three** most important factors.

If there is an issue that you perceive is most important but that is not in the list, please specify in the next question below.

UNHCR's strategy and internal communication to cooperate more with development actors
Strategy of the development actor(s) to focus more on issues of forced displacement
Host government's requests or initiatives for more humanitarian-development cooperation
Donor requests or initiatives for more humanitarian-development cooperation
Insufficient/reducing funding for UNHCR activities and available development funds
UNHCR's protection expertise
UNHCR's data on persons of concern
UNHCR's role as the coordinator of refugee camps
UNHCR's role in the coordination of the refugee response

13. Is there an issue that is more important for enabling cooperation than the factors named above? If so, please specify here:

14. What do you see as the main **obstacles for increased or more effective cooperation** between UNHCR and development actors?

Please rank the **three** most important factors.

If there is an issue that you perceive is most important but that is not in the list, please specify in the next question below.

UNHCR management does not push enough for cooperation.
UNHCR staff lacks guidance on when and where they should cooperate.
UNHCR staff lacks skills and experience in working with development actors.
The internal processes and structures on planning, budgeting and funding are not easily compatible.
Development actors are not interested enough in cooperating with UNHCR.
Not enough development actors work in the areas and sectors relevant for the refugee response.
UNHCR staff do not believe it is necessary to cooperate.
There are personal issues standing in the way.
Different organizations compete for funds.
The host government obstructs stronger or more effective cooperation.

15. Is there an obstacle for cooperation more important than the ones named above? If so, please specify here:

Future strategy

16. Is UNHCR currently utilizing the existing opportunities for cooperating with development actors in the country you work in?

Yes, fully.
Yes, some of them.
Yes, but only few of them.
No.

17. What is the most important opportunity missed, if any?

Please describe briefly.

18. Has UNHCR invested the right level and the right type of resources (skills, expertise, profiles or capacities) into measures to foster cooperation (compared to other institutional priorities)?

Too little.

About right.

Too much.

I don't know.

19. Should UNHCR aim for more cooperation with development actors in the future?

Yes, UNHCR should cooperate more.

No, cooperation should remain unchanged.

No, UNHCR should cooperate less.

20. Do you see any risks in greater cooperation?

Yes.

No.

21. Which risks do you see?

Please provide a brief description.

22. What is the single most important step or measure UNHCR could take to further enhance cooperation with development actors?

Please provide a brief description.

23. Do you have any other comments or suggestions?

Contact details for follow-up questions

We will treat your responses confidentially and only pass on or publish an analysis of aggregated survey results. However, we would appreciate it if you agreed to be contacted for potential follow-up questions and information about the evaluation results.

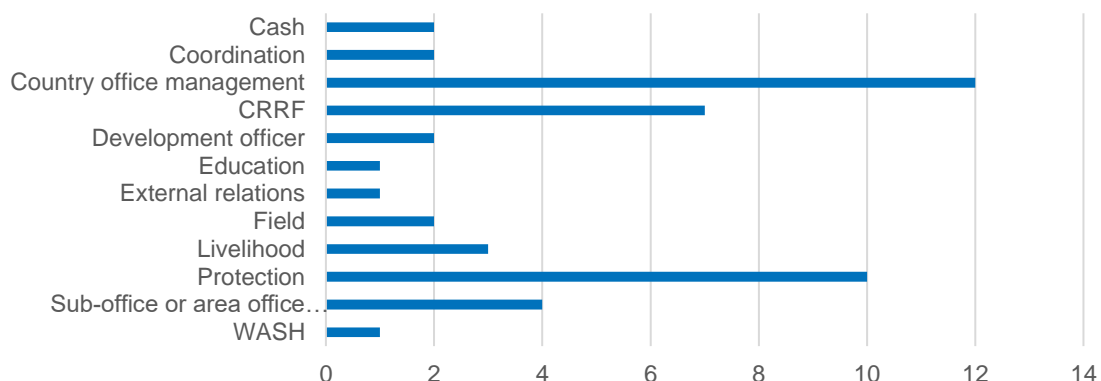
Please enter your e-mail address here if you agree to be contacted by the evaluation team. Otherwise you can leave it empty.

E-mail address:

Thank you for supporting UNHCR in refining its strategy and approach to humanitarian-development cooperation by participating in the survey.

Survey results (selection)

What area of UNHCR do you work in?



Out of the respondents, 19 had previous work experience with development actors, nine of whom had worked with them for more than five years.

Cooperation examples with development actors beyond the country case studies

The following examples of cooperation with development actors were provided. Responses have been edited for clarity and brevity.

Table 1: Examples of cooperation with development actors in other countries

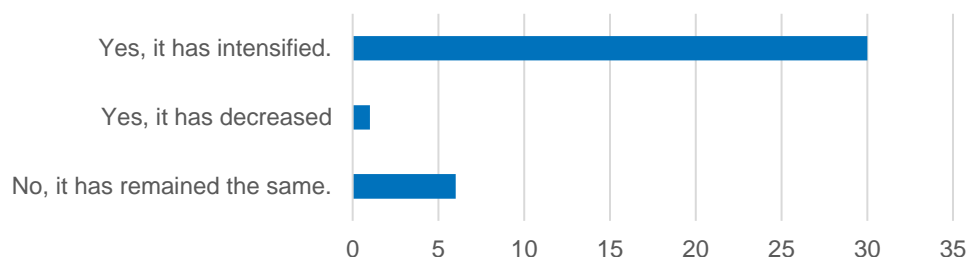
Catalyst and facilitator		
Afghanistan	World Bank	The cooperation with the World Bank on data management and information sharing aimed at better targeting our persons of concern (PoCs) through the current and planned portfolios of the Bank executed through the government.
		Working with the World Bank to undertake detailed data analyses on return trends to facilitate the development of more effective reintegration programmes.
		Cooperation on the IDA 18 Refugee and Host Community Sub-window.
	UN HABITAT, UNDP	UNHCR works with UN-HABITAT, UNDP and government-funded development programs. One such cooperation is a UNDP-funded livelihoods program called SALAM, a joint initiative aiming to ensure that UNHCR PoCs (returnees and IDPs) are included in the UNDP-funded program and have sustainable livelihood.
	Government	UNHCR is an active member of the Displacement and Returnee Executive Committee (DiREC – the highest oversight entity of the government) and the UN in order to address the emergency, short-term and longer-term needs of returnees and IDPs. UNHCR contributed to devising the National Action Plan of DiREC and pursuing its implementation at the sub-national level.

Costa Rica	UNDP, IOM, local authorities	UNHCR implements emergency plans, including the conditioning of communal spaces as shelters for cases of large-scale human displacement or natural disasters.
Honduras	Local authorities	UNHCR assists various productive projects in the northern zone, developed in collaboration with associations and cooperatives of local actors, as well as with partner agencies and the National Institute of Rural Development.
	Municipalities Association	UNHCR cooperates through the development of housing and abandoned land protection programs together with the Institute of Property, the National Agrarian Institute and the Association of Municipalities of Honduras.
Pakistan	Ministry of States and Frontier Regions (SAFRON), Economic Affairs Division, UN agencies	UHNH and its partners initiated the Refugee-Affected and Hosting Areas (RAHA) Programme, a responsibility sharing platform that intends to link humanitarian and development interventions.
	World Bank	World Bank – IDA18 refugee sub-window. UNHCR Pakistan is one of the early starters and has brought in the IDA18 programme that complements UNHCR's own efforts and programmes, bringing additional resources in health, education and livelihoods.
	WFP, FAO	Inclusion of refugees in programmes of other UN agencies: WFP has implemented a malnutrition treatment programme (food distribution) for refugees and host communities, and the country operation is planning to mobilize its operational resources to jointly address multidimensional aspects of poverty in a comprehensive manner, including livelihood support to increase payment capacity of refugees so that they can take up basic public services. FAO agreed to include refugees and host communities into their agricultural and livelihoods programs in Khyber Pakhtunkhwa and Balochistan, especially the provision of technical support to landless farmers, including refugees.
	GIZ	Development partnership with GIZ: UNHCR has cooperated on a five years (2019-2023), Euro 7.5 million (approximately USD 9.6 million) program on economic inclusion of refugees and host community, following a CRRF approach. The project is focused on skills, employment and economic inclusion of refugees and their host communities.
Uganda	National Planning Authority / line ministries	UNHCR collaborated with the National Planning Authority (NPA) to include refugees in the next five-year National Development Plan III with the ministries to include refugees in sector strategies.
	Private sector	UNHCR has established functional partnership with commercial banks and other private sector actors, though it is still in the very initial stages. However, the prospect of the cooperation improving standard of living in refugee households is very high, as it has improved access to financial services and financial literacy among refugees and host communities.
	World Bank	UNHCR has collaborated with the World Bank on DRDIP and IDA-18 refugee sub-window grant/loan implementation.

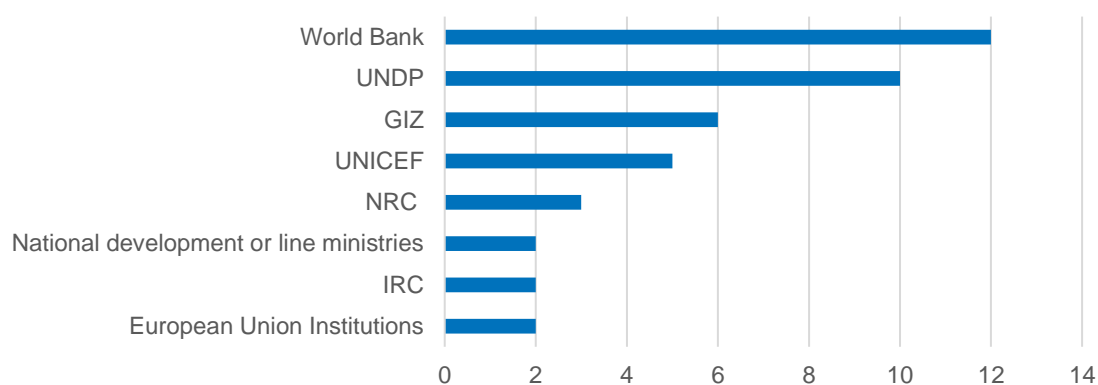
Policy advocacy		
Nigeria	World Bank	UNHCR is seeking to prioritize IDPs in its funding of a government ID card project nationwide.
Pakistan	World Bank, DFID, UN Agencies	UNHCR is engaging in policy advocacy for an improved protection environment and inclusion of refugees in Pakistan's national service provision.
Democratic Republic of the Congo	UNDP, UNPOL, UNFPA, OHCHR, UNICEF	UNHCR is developing joint governance and rule of law programming in refugee-hosting areas to follow civil registration, justice and education, respectively.
Gradually linking services for refugees with national systems		
Honduras	Ministry of Human Rights	UNHCR is collaborating on the inclusion of the displaced population in the social services of Honduras.
Mexico	UNDP, PAHO/WHO and UNESCO	In the context of MIRPS (the regional CRRF that Mexico is part of) and its third pillar regarding support to host communities, UNHCR, together with other UN agencies such as UNDP, PAHO/WHO and UNESCO, aims to strengthen public health services and schools in the towns in southern Mexico that have received relatively high numbers of asylum-seekers. At the same time, these towns face difficulties in providing these services to their local population, and there is a risk of growing xenophobia. The collaboration between UN agencies is in its initial phase of studies to map the needs of different populations, including asylum-seekers, and the capacities of health and educational institutions. In further stages, collaboration with sub-national governments and international donors is planned to guarantee that investments have a sustainable impact.
Rwanda	World Bank	UNHCR Rwanda currently cooperates with the World Bank (USD 60 Million) under IDA-18 Refugee sub-window to enhance the socioeconomic inclusion of refugees and host communities in Rwanda over five years (2019-2024). The project will be launched in the next few weeks/months in 2019, covering all six camp-based refugee hosting districts, with major interventions in: 1. Access to basic services and socioeconomic investments, which primarily includes socioeconomic infrastructure (TVET, health centre, WASH, roads, market, etc.); 2. Economic opportunities and access to financial services; 3. Environmental management; and 4. Project management, communications, monitoring & evaluation and other areas.
Sudan	Government, UNICEF	For South Sudanese refugees in Sudan, UNHCR is working with development agencies to implement a government policy to include refugees in public services (mainly health and education). UNHCR has a letter of understanding with UNICEF which spells out in detail the cooperation. The cooperation with the UNCT extends to advocacy on inclusion at the policy level in Khartoum as well as at the state level.

Uganda	Government	Under government leadership and through the coordination and mandate of the Office of the Prime Minister, UNHCR supported line ministries in developing large scale and costed plans in education, health, water and environment so as to facilitate including refugees into the national service delivery systems. By doing so, the government was in a position to make very clear where concrete support was needed from the international community to meet the need, as well as to empower local districts to plan and budget for area-based services, which include the refugee population. Serving as legal addenda to Uganda's sector strategies under the current National Development Plan, this also created an entry point for development actors to engage to the benefit of refugees using their traditional modalities of engagement with Uganda, rather than pull development actors in a time-bound RRP which mostly focuses on immediate humanitarian outcomes.
		UNHCR cooperates with local district governments hosting refugees to include refugees in their respective service delivery through actively participating in the local government annual budgets and planning processes as well as mobilizing humanitarian actors working in refugees' settlement to participate in the annual exercise. The cooperation aims at building the capacity of local district governments, who are among the first national responders on refugee response management. Secondly, the cooperation promotes peaceful coexistence of refugees and host communities through improving access to basic social services. Lastly, and the most important aspect of the cooperation, is the inclusion of refugees in the local government service delivery system.
Expanding the support of UNHCR and its partners for self-reliance		
Afghanistan	UNDP	UNDP funded livelihoods program called SALAM.
Democratic Republic of the Congo	UNDP, MONUSCO Stabilisation, UN Habitat, OHCHR	UNHCR facilitated joint nexus programming in an IDP / return area (North Kivu Pilot) focus on SDG 16 and 10.
Mexico	Government, private sector	Since 2016, the operation implements a program aimed at the integration of refugees in Mexico, which focuses on relocating refugees towards geographic areas within the country that offer better perspectives for socioeconomic integration (mainly formal employment opportunities and social security). In the context of this program, UNHCR cooperates with different government institutions and the private sector. UNHCR's traditional counterpart, the Mexican Refugee Commission, is involved, as are development-related stakeholders such as the National Employment Service (part of the Ministry of Labour), chambers of commerce and private companies. To date, almost 2,000 refugees have benefited from the program. UNHCR also promotes that the program can become a public policy led by the Mexican Government (instead of by UNHCR in collaboration with these actors, which is currently the case).

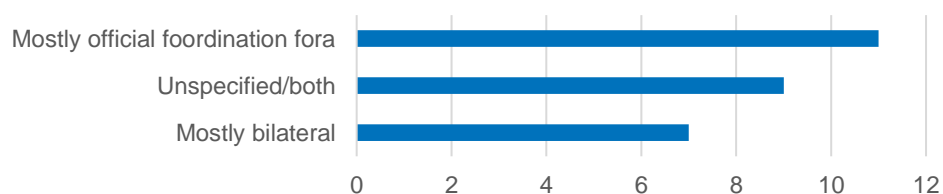
In your perception, has cooperation between UNHCR and development actors changed in the past 2 years?



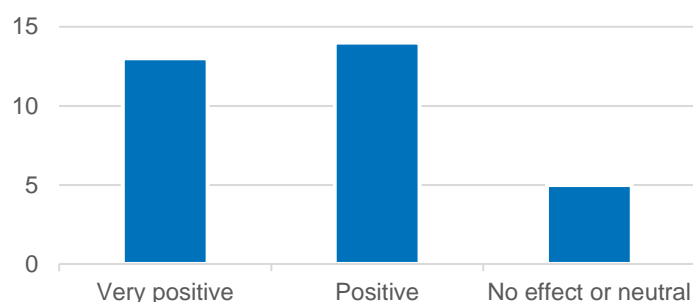
From the organizations mentioned in the list or your answers above, please name the three development actors that are most important in your context of work. Included are only actors who were mentioned more than once.



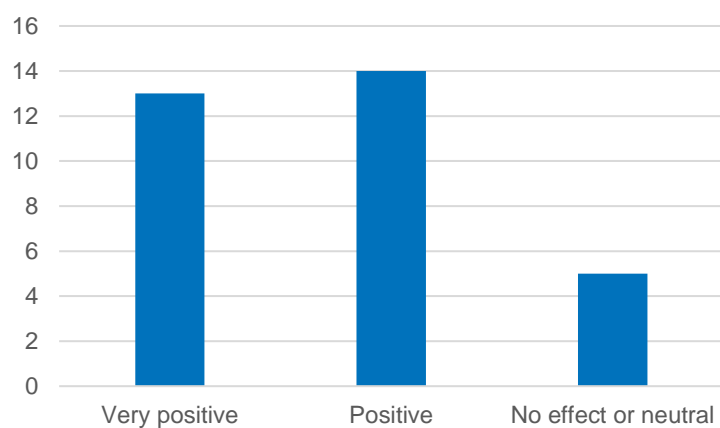
When you are meeting with representatives of development actors, do you usually meet them in the context of official coordination fora (UNCT, SMT), or on the basis of a bilateral relationship?



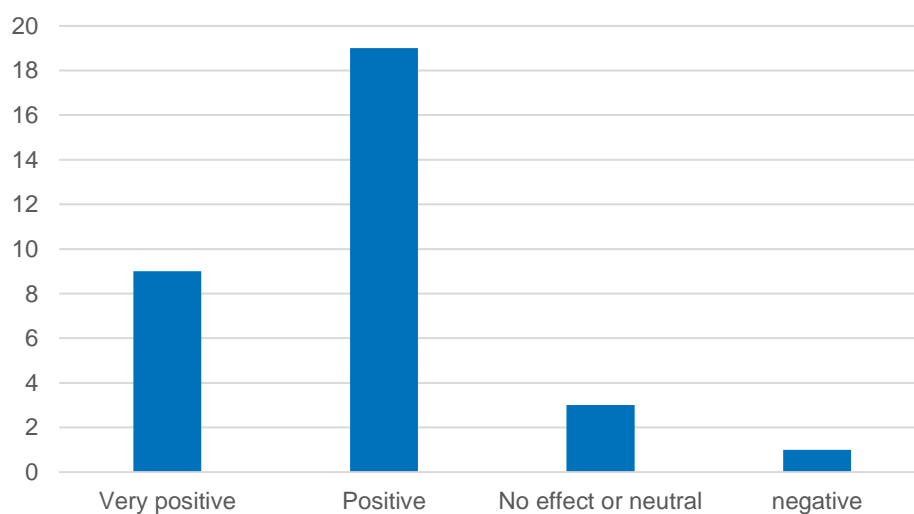
How do you think cooperation with development actors affects the following aspects: effects on the rights and protection of persons of concern?



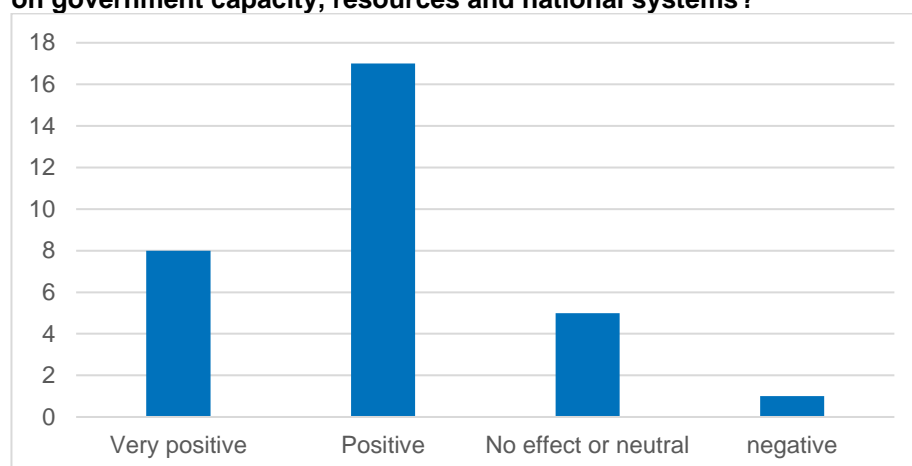
How do you think cooperation with development actors affects the following aspects: effects on the socioeconomic situation of persons of concern?



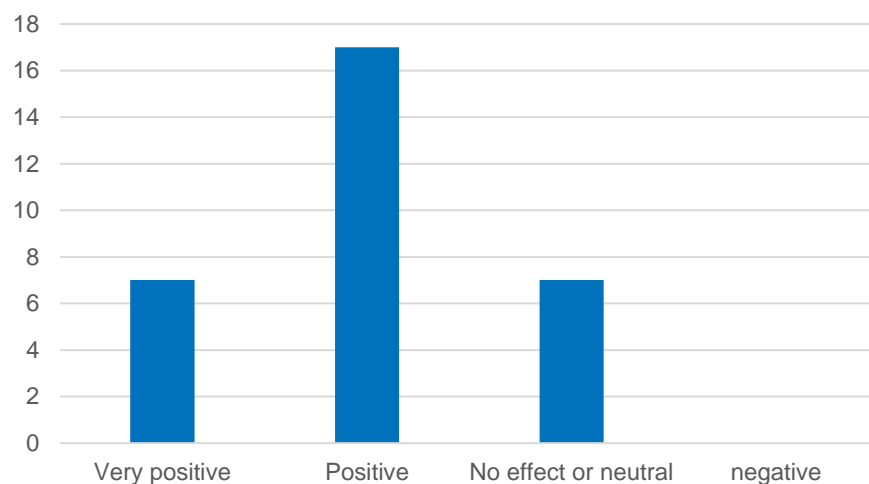
How do you think cooperation with development actors affects the following aspects: effects on the host community?



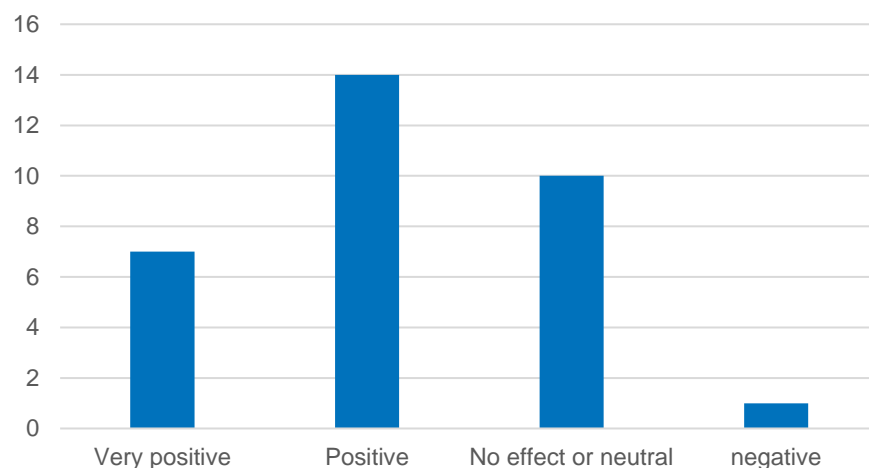
How do you think cooperation with development actors affects the following aspects: effects on government capacity, resources and national systems?



How do you think cooperation with development actors affects the following aspects: effects on UNHCR's reputation and funding?



How do you think cooperation with development actors affects the following aspects: effects on UNHCR's adherence to humanitarian principles?



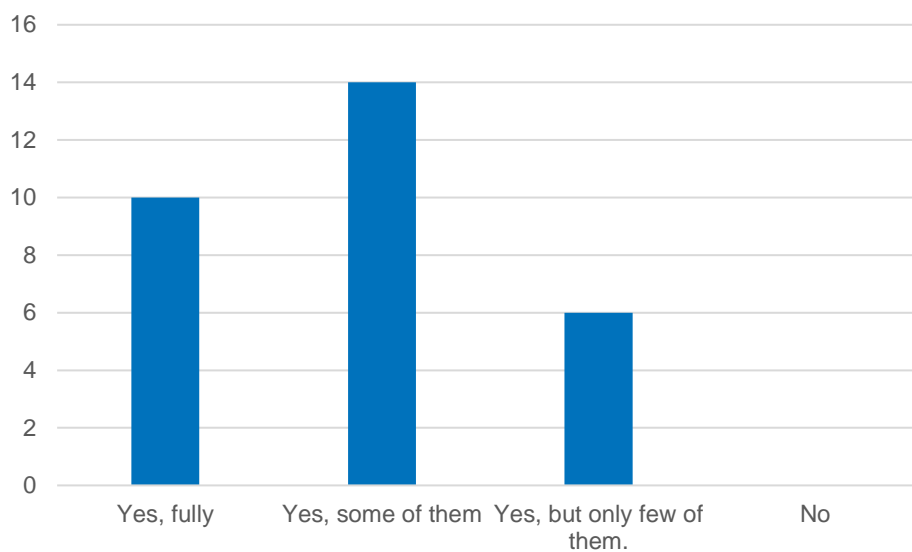
What do you see as the main factors driving and enabling cooperation between UNHCR and development actors? Please rank the three most important factors.

	Top 1	Top 2	Top 3	Total mentions
Donor requests or initiatives for more humanitarian-development cooperation.	3	4	2	9
Host government's requests or initiatives for more humanitarian-development cooperation.	4	4	2	10
Insufficient/reducing funding for UNHCR activities and available development funds.	5	4	2	11
Strategy of the development actor(s) to focus more on issues of forced displacement.	1	6	5	12
UNHCR's data on persons of concern.	1	3	6	10
UNHCR's protection expertise.	4	3	1	8
UNHCR's role as the coordinator of refugee camps.	1	1	3	5
UNHCR's role in the coordination of the refugee response.	4	5	4	13
UNHCR's strategy and internal communication to cooperate more with development actors.	8	1	8	17

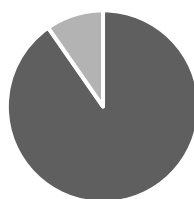
What do you see as the main obstacles for increased or more effective cooperation between UNHCR and development actors? Please rank the three most important factors.

	Top 1	Top 2	Top 3	Total mentions
Development actors are not interested enough in cooperating with UNHCR.	2	3	5	10
Different organizations compete for funds.	2	4	5	11
Not enough development actors work in the areas and sectors relevant for the refugee response.	5	4	3	12
The host government obstructs stronger or more effective cooperation.	1	1	2	4
The internal processes and structures on planning, budgeting and funding are not easily compatible.	10	6	5	21
UNHCR management does not push enough for cooperation.	3	2	1	6
UNHCR staff do not believe it is necessary to cooperate.	1	2	2	5
UNHCR staff lacks guidance on when and where they should cooperate.	2	6	2	10
UNHCR staff lacks skills and experience in working with development actors.	6	3	6	15

Is UNHCR currently utilizing the existing opportunities for cooperating with development actors in the country you work in?

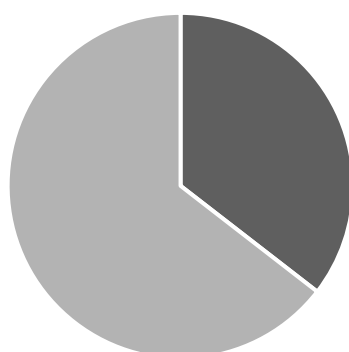


Should UNHCR aim for more cooperation with development actors in the future?



- Yes, UNHCR should cooperate more.
- No, cooperation should remain unchanged.

Do you see any risks in greater cooperation?



- Yes
- No

Annex 3: Focus group discussions

In two of the country case studies, the evaluation team conducted focus group discussions with affected populations. Interviewee selection was facilitated by the respective UNHCR sub- and field offices, or by NGO partners. Selection was carried out with the aim of achieving diversity in the genders and ages of the participants.

Location	Research interest	Types of respondents	# of respondents
Irbid, Jordan	Integrated service delivery	Host community	13 (9 women, 4 men)
Irbid, Jordan	Home-based business (HBB) policy shift	Urban refugees and Jordanians benefiting from seed funding for HBBs vs. urban refugees who are in the process of registering HBBs	19 (14 women, 5 men)
Mafraq, Jordan	Health-care policy shift	Urban refugees	12 (7 women, 5 men)
Mafraq, Jordan	Work permits	Urban refugees who have obtained permits vs. those who have not obtained permits	16 (5 women, 11 men)
Azraq, Jordan	Work permits / joint ILO–UNHCR Employment Service Centre	Camp-based refugees who applied for permits and have obtained them through the joint ILO–UNHCR Employment Service Centre	10 (4 women, 6 men)
Sheder (Somali region), Ethiopia	Proclamation, service integration (education, health), economic opportunities, social relations	Host community	16 (8 women, 8 men)
Sheder (Somali region)	Service integration (education, health), economic opportunities, social relations	Refugees	20 (all women)
Sheder (Somali region)	Service integration (education, health), economic opportunities, social relations	Refugees	18 (all men)
AwBare (Somali region)	Service integration (education, health), economic opportunities, social relations	Refugees	9 (all women)

AwBare (Somali region)	Service integration (education, health), economic opportunities, social relations	Refugees	9 (all men)
Kebrebeayah (Somali region)	Service integration (education, health), economic opportunities, social relations	Refugees	7 (all men)
Kebrebeayah (Somali region)	Service integration (education, health), economic opportunities, social relations	Refugees	7 (all women)
Kebrebeayah (Somali region)	Proclamation, service integration (education, health), economic opportunities, social relations	Host community	8 (6 men, 2 women)
Kule, Terkidi and Nguenyyel (Gambella)	Water, education, mobile courts, vital events registration / regulations	Refugees	14 (all women)
Kule, Terkidi and Nguenyyel (Gambella)	Water, education, mobile courts, vital events registration / regulations	Refugees	14 (all men)
Terpham town (Gambella)	Water, education, government regulations	Host community	7 (3 women, 4 men)
Jewi camp (Gambella)	Water, education, mobile courts, vital events registration / regulations	Refugees	14 (all women)
Jewi camp (Gambella)	Water, education, mobile courts, vital events registration / regulations	Refugees	10 (all men)
Jewi kebele (Gambella)	Water, education, government regulations	Host community	18 (10 women, 8 men)

Annex 4: Quantitative impact analyses – Jordan

This Annex provides details on the quantitative impact analyses of examples of UNHCR cooperation with development actors in Jordan. The analyses explore the impact of various examples of cooperation on the lives of those affected by comparing refugees who experienced the outcomes of the cooperation to similar individuals who did not.

A4.1 Background

Close to 10 years into the Syrian crisis, Jordan is among the major host countries for Syrian refugees. The inflow of refugees, accounting for about 7 per cent of the entire population,² has placed Jordan under significant economic, political, social and infrastructural strain.³ Since the crisis broke out in Syria in 2011, Jordan has provided refuge to over 660,000 Syrians who are registered with UNHCR, ranking fourth globally on a per capita basis.⁴ Estimates made by the Jordanian Government suggest that there are a similar number of additional unregistered refugees in the country.⁵ Of those who are registered, 81 per cent live in urban settings among host communities, while 19 per cent live in one of three large refugee camps;⁶ and 78 per cent live below the poverty line.⁷ In addition to Syrian refugees, there are refugees of 56 other nationalities living in Jordan, mostly from Iraq (over 65,000 people) and Palestine (2.3 million under UNRWA's mandate).⁸

To address the large scale and protracted nature of the Syrian crisis, UNHCR in Jordan has engaged in various forms of cooperation with development actors to complement and transform its humanitarian approach.

² UNHCR, "Global Trends: Forced Displacement in 2019" (UNHCR, Copenhagen, Denmark, 2020), 25.

³ Ala' Alrababa'h et al., "Attitudes Toward Migrants in a Highly Impacted Economy: Evidence from the Syrian Refugee Crisis in Jordan", *Comparative Political Studies* 54, no. 1 (2021), <https://doi.org/10.1177/0010414020919910>; Juline Beaujouan and Amjed Rasheed, "The Syrian Refugee Crisis in Jordan and Lebanon: Impact and Implications", *Middle East Policy* 27, no. 3 (2020), <https://doi.org/10.1111/mepo.12514>; Mazen A. S. Alougili, "The Impact of Syrian Refugee on Jordanian National Security", *European Journal of Social Sciences* 2, no. 3 (2019), <https://doi.org/10.26417/ejss.v2i3>, pg 84-90.

⁴ UNHCR, "Global Trends."

⁵ Government of Jordan, "The Jordan Response Plan for the Syria Crisis: 2017–2019" (Amman, Jordan, 2016), 2.

⁶ UNHCR, "Syria Regional Refugee Response: Jordan", <https://data2.unhcr.org/en/situations/syria/location/36>.

⁷ Harry Brown et al., "Vulnerability Assessment Framework: Population Study 2019" (UNHCR, Amman, Jordan, 2019), 23.

⁸ UNHCR, "Jordan Factsheet, September 2020" (2020), <https://reliefweb.int/report/jordan/jordan-unhcr-factsheet-september-2020>; UNHCR, "Global Trends," 3.

Based on the broad definition of humanitarian-development cooperation adopted in the present evaluation,⁹ we analyse two specific instances of cooperation that are both relevant for an impact evaluation and suitable for quantitative analysis. The selected instances of humanitarian-development cooperation are UNHCR engagement in (i) integrating Syrian refugees into formal labour markets through the work permit system, and (ii) integrating Syrian refugees who live outside of camps into the national health-care system. So far, there is little rigorous quantitative evidence on the effects of either form of cooperation in Jordan or in similar host countries. Thus, this study can provide a valuable empirical basis for developing and adjusting adequate refugee crisis responses in the context of the GCR.

The remainder of this document is structured as follows: Firstly, we introduce the examples of cooperation on which we have focused and how these relate to broader concepts of cooperation within UNHCR. Secondly, we discuss our data sources and the ways in which we treat them. Thirdly, we present the quantitative methodologies we employ and the results that emerge from our analyses. Finally, we present conclusions and reflections on the findings and the approach.

A4.2 Selection of examples of cooperation in Jordan

From the range of humanitarian-development cooperation in Jordan identified in the qualitative component of this evaluation, we selected two for an in-depth quantitative analysis. The selection was based on the following criteria: a) availability of information in the data set to capture the occurrence of cooperation; b) sufficient variation in the occurrence of cooperation, either across groups of refugees or across time, to create 'control' groups; and c) clear expectations of direct, observable impacts on refugees and availability of the respective key outcome variables in the data set.

Linking these criteria, we selected two cases in which UNHCR and development actors have cooperated on policy work and advocacy efforts with the Government of Jordan. These efforts relate firstly to integrating Syrian refugees into the Jordanian formal labour market and secondly to health-care subsidies for Syrian refugees who live outside of camps and use public health-care facilities.

A4.2.1 Labour market integration

One central component of the Jordan Compact (JC), signed by the EU and the Government of Jordan in 2016, is the provision of sustainable livelihood opportunities through access to formal labour markets. Among other activities, UNHCR contributed to designing a USD 300 million loan from the Global Concessional Financing Facility to support implementation of the JC. The Government of Jordan committed to issuing 200,000 work permits to Syrian refugees over the subsequent years, and the number of permits issued is one of the indicators required for the implementation of the JC.

⁹ These are defined as "forms of working together that reach a certain level of commitment, time, resources and formality involved."

Jordan is the first country in the Arab region to facilitate the issuance of work permits to refugees¹⁰ and thereby constitutes a “first example of such an experiment on a considerable scale.”¹¹ Many see formal employment as the main driver of sustainable livelihood and as a way to utilize refugees’ productive economic potential. It promises benefits to both refugee and host populations, including better protection, stability and income for refugees as well as boosts in demand, consumer spending and host country tax revenues.¹² However, many host countries still limit refugees’ access to the formal labour market, mainly out of fear of a negative impact on labour markets and wages, political unpopularity and concerns about reducing refugee return rates. Therefore, international actors – such as UNHCR, ILO and the World Bank – strongly promote easing formal labour market access for refugees.¹³

Prior to the implementation of the JC, obtaining a work permit was described as “a convoluted process” for Syrian refugees in Jordan, with prohibitively high fees, issues with missing identity documents and security check requirements.¹⁴ Consequently, refugees turned to informal labour markets to secure their livelihoods and would thus not be protected under Jordanian labour laws from abusive, exploitative and discriminatory practices, and could face the threat of arrest or deportation to camps.¹⁵ Since April 2016, the Government of Jordan has taken several steps to facilitate the issuing of work permits to Syrian refugees. To qualify for a work permit, Syrian refugees only need a valid service card issued by the Ministry of the Interior and must pay a small processing fee. Even those who have not crossed official borders can obtain permits.¹⁶ The Government of Jordan has repeatedly waived fees (which formally used to be charged to employers, but which were usually passed on to employees) for limited periods of several months. Refugees can apply for work permits in certain approved sectors, including agriculture, construction, manufacturing and the service industry. Many other professions – especially in highly skilled fields such as teaching, medicine and engineering – are closed to non-Jordanians.¹⁷ Work permits are issued on a rolling basis for the duration of one year and are tied to a single, named employer. Thus, they must be renewed annually or whenever a

¹⁰ Sarah Tobin and Maisam Alahmed, “Beyond the work permit quotas: Corruption and other barriers to labour integration for Syrian refugees in Jordan”, U4 Issue 2019 4 (U4 Anti-Corruption Resource Centre, Chr. Michelsen Institute, 2019), 2.

¹¹ Veronique Barbelet, Jessica Hagen-Zanker, and Dina Mansour-Ille, “The Jordan Compact: Lessons learnt and implications for future refugee compacts”, Policy briefing (Overseas Development Institute, 2018), 6.

¹² Michael Clemens, Cindy Huang, and Jimmy Graham, “The Economic and Fiscal Effects of Granting Refugees Formal Labor Market Access” (Center for Global Development & TENT, Washington, D.C., 2018); R. Zetter and H. Ruadel, “Refugees’ Right to Work and Access to Labor Markets—An Assessment: Part I: Synthesis”, KNOMAD Study (KNOMAD, 2016).

¹³ Roger Zetter, “Theorizing the Refugee Humanitarian-Development Nexus: A Political-Economy Analysis”, *Journal of Refugee Studies*, 2019, 6–7, <https://doi.org/10.1093/jrs/fez070>.

¹⁴ International Labour Organization, “Access to work for Syrian refugees in Jordan: A discussion paper on labour and refugee laws and policies” (ILO Regional Office for Arab States, Beirut, Lebanon, 2015), 15.

¹⁵ International Labour Organization, “Access to work for Syrian refugees in Jordan”, 15; Svein Erik Stave and Solveig Hillesund, *Impact of Syrian Refugees on the Jordanian Labour Market* (Geneva: ILO & Fafo, 2015), 6; Zeynep Ş. Mencütek and Ayat J. J. Nashwan, “Employment of Syrian Refugees in Jordan: Challenges and Opportunities”, *Journal of Ethnic & Cultural Diversity in Social Work*, 2020, <https://doi.org/10.1080/15313204.2020.1753614>.

¹⁶ Susan Razzaz, “A Challenging Market Becomes More Challenging: Jordanian Workers, Migrant Workers and Refugees in the Jordanian Labour Market” (International Labour Organization, Beirut, Lebanon, 2017), 38.

¹⁷ Ministry of Labour Jordan, “Closed Professions in Jordan”, Decision (Amman, Jordan, 2016), <https://data2.unhcr.org/en/documents/details/59816>.

refugee changes employer.¹⁸ Exceptions to the fixed-employer rule have been made in the construction and agricultural sectors. In these sectors, it is possible to obtain permits from agricultural cooperatives and the construction union, which enables refugees to work for multiple employers.¹⁹ After a relatively slow initial uptake in permits, the goal of issuing 200,000 work permits was reached in August 2020.²⁰

Existing studies argue that work permits should bring a range of benefits to both refugees and host communities. Formalizing work makes refugees subject to national labour legislation, which is expected: to improve working conditions (such as establishing regular working hours) and to ensure wages above minimum wage; to offer protection against exploitation, delayed payment and harassment via increased bargaining power and the provision of formal redress mechanisms; and to grant access to social security (such as health insurance) and labour rights (such as the right to annual and sick leave). In addition, legalizing refugee labour removes the threat of arrest and deportation as well as improving in-country mobility for refugees.²¹ As a consequence of greater self-reliance, formal work can also decrease the rates of child marriage and child labour.²² Additionally, integration into labour markets arguably helps these refugees to maintain skills that will eventually allow them to return to and rebuild Syria, thus avoiding a 'lost generation' and social conflict.²³ Moreover, many have argued in favour of providing formal labour market access to refugees in light of its benefits to host communities, including increases in labour supply, efficiency, consumer spending, tax revenues and ultimately GDP. These aspects, while pertinent, are, however, not covered in this report.²⁴

Owing to the novelty of the approach, we have few comprehensive, empirically based insights into whether the expected benefits of granting refugees the right to work actually materialize. The body of literature on the effects of refugee inflows on host countries has grown rapidly in the past few years (showing no or positive host country labour market outcomes on average, but mostly negative

¹⁸ Razzaz, "A Challenging Market Becomes More Challenging", 10.

¹⁹ UNHCR, Government of Jordan and International Labour Organization, "Frequently Asked Questions: Work Permits for Syrian Refugees in Jordan" (2018).

²⁰ Ministry of Labour Jordan, "Syrian Refugee Unit Work Permit Progress Report as of 24 Aug 2020", Monthly Progress Report (2020), <https://data2.unhcr.org/en/documents/details/78645>.

²¹ Tobin and Alahmed, "Beyond the work permit quotas", 8, 10; Elke Grawert, "The EU-Jordan Compact: a model for burden-sharing in refugee crises?", BICC PolicyBrief 3/2019 (Bonn International Center for Conversion (BICC), Bonn, 2019), 6; Katharina Lenner and Lewis Turner, "Making Refugees Work? The Politics of Integrating Syrian Refugees into the Labor Market in Jordan", *Middle East Critique* 28, no. 1 (2019): 84, <https://doi.org/10.1080/19436149.2018.1462601>; Clemens, Huang and Graham, "The Economic and Fiscal Effects of Granting Refugees Formal Labor Market Access."

²² Clemens, Huang and Graham, "The Economic and Fiscal Effects of Granting Refugees Formal Labor Market Access", 7.

²³ Razzaz, "A Challenging Market Becomes More Challenging", 37.

²⁴ For reviews of that literature, see Craig Loschmann, "Taking Stock of the Evidence on the Consequences of Hosting Refugees in the Global South", in *Regional Integration and Migration Governance in the Global South*, ed. Glenn Rayp, Ilse Ruysen and Katrin Marchand, United Nations University Series on Regionalism (SPRINGER NATURE, 2020), 20; Jean-François Maystadt et al., "Impacts of Hosting Forced Migrants in Poor Countries", *Annual Review of Resource Economics* 11, no. 1 (2019), <https://doi.org/10.1146/annurev-resource-090518-095629>; Paolo Verme and Kirsten Schuettler, "The Impact of Forced Displacement on Host Communities: A Review of the Empirical Literature in Economics", *Journal of Development Economics* 150 (2021), <https://doi.org/10.1016/j.jdeveco.2020.102606>.

outcomes for low-skilled or extremely vulnerable members of the host population). However, the effects on refugees themselves remain understudied, particularly in the context of low- and middle-income countries, which host the majority of refugees.²⁵ Among the reasons for the insufficient empirical evidence on the topic in less-developed contexts is the fact that data collection is costly and difficult, which means that there are little high-quality data available. In addition, proactive policies on labour market integration are usually implemented in high- or upper-middle-income countries.²⁶ However, research results from advanced economies cannot simply be transferred to the context of lower-income host countries, because there are stark differences in socioeconomic profiles, labour market capacities, the size of their informal sectors and the level of host population vulnerabilities. Therefore, this study, which is based in a lower-middle-income host country and uses comprehensive micro-level data as well as rigorous statistical methods, serves as a valuable contribution to a deeper understanding of the effects of refugee labour market integration.

A4.2.2 Health-care subsidies

Within the region, Jordan is known for its modern, well-resourced health-care system, comprising public and private hospitals as well as those funded and operated by the not-for-profit sector.²⁷ Jordan integrated Syrian refugees into its health-care system by offering them health care at no charge as of 5 March 2012. Registered urban refugees had full and free access to primary and secondary services, just as insured Jordanians had and continue to have. Unregistered urban refugees paid a discounted rate (20 per cent) equal to that paid by uninsured Jordanians. Registered refugees living in camps enjoyed free primary services in the camps and were referred to out-of-camp secondary and tertiary services free of charge. However, in response to the strong increase in demand and the consequent strain on the health-care system,²⁸ and in order to improve equal access to health care for host and refugee communities,²⁹ health-care costs for urban refugees have changed repeatedly since 2012. UNHCR provided health care to camp refugees free of charge throughout this period.³⁰

On 20 November 2014, the Government of Jordan increased health-care costs for registered, urban refugees to equal the uninsured Jordanian discounted rate of 20 per cent (see the timeline in Figure 11). While this constituted an increase in health-care fees for this group of refugees, health care was

²⁵ Clemens, Huang and Graham, "The Economic and Fiscal Effects of Granting Refugees Formal Labor Market Access," 11; K. Schuettler and L. Caron, "Jobs Interventions for Refugees and Internally Displaced Persons," Jobs Working Paper 47 (World Bank Group, Washington, D.C., 2020), 2; Verme and Schuettler, "The impact of forced displacement on host communities: A review of the empirical literature in economics," 3.

²⁶ R. Zetter and H. Ruadel, "Refugees' Right to Work and Access to Labour Markets: Constraints, Challenges and Ways Forward," *Forced Migration Review* 58 (2018): 6.

²⁷ W. Dator, H. Abunab, and N. Dao-ayen, "Health Challenges and Access to Health Care Among Syrian Refugees in Jordan: A Review," *Eastern Mediterranean Health Journal* 24, no. 7 (2018): 680, 684.

²⁸ Government of Jordan, "Needs Assessment Review of the Impact of the Syrian Crisis on Jordan" (Amman, Jordan, 2013), 69.

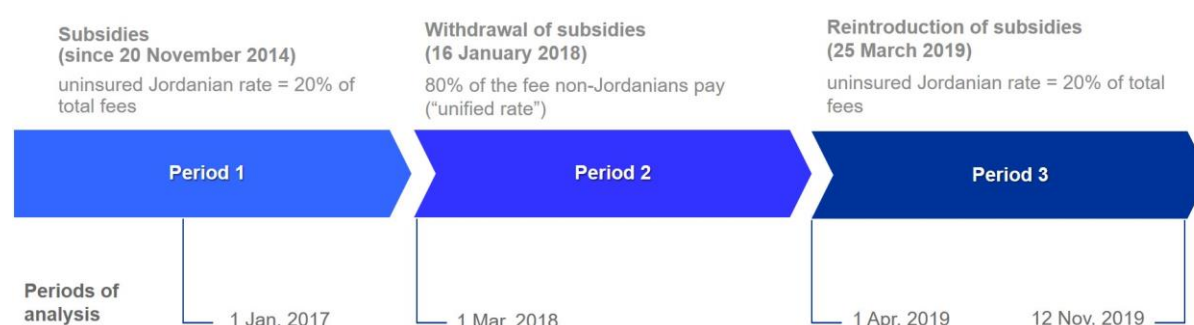
²⁹ Shannon Doocy et al., "Health Service Access and Utilization Among Syrian Refugees in Jordan," *International journal for equity in health* 15, no. 108 (2016): 2, <https://doi.org/10.1186/s12939-016-0399-4>.

³⁰ This account of changes in health care cost regulations is primarily based on: European Commission, "Action Document for the EU Regional Trust Fund in Response to the Syrian crisis to be used for the decisions of the Operational Board" Ref. Ares(2018)6253091 (2018), 6–7; Dajani Consulting, "Health Access and Utilization Survey: Access to Health care Services Among Syrian Refugees in Jordan" (UNHCR, 2018), 9; UNHCR, "New Health Policy: Impact and Actions" (2018), data2.unhcr.org.

still heavily subsidized. Nevertheless, these nominal costs could present financial barriers to refugees.³¹ As a consequence, UNHCR established a cash-for-health programme in November 2015.³²

On 16 January 2018, after high demand for health services had placed severe pressures on the system, the Government of Jordan unexpectedly withdrew the health-care subsidies. This measure came into effect in 2018, between late February and early March. With this shift, refugees were required to pay 80 per cent of the fee non-Jordanians pay (the so-called 'unified rate'), although vaccines and reproductive health services remained free of charge. In absolute terms, this policy change increased the costs of services two- to fivefold. For example, while a dental consultation cost JOD 1.1 before 2018 (the uninsured Jordanian rate), this cost rose to JOD 6.4 in 2019 (80 per cent of the unified rate). The cost of a Caesarean section rose from JOD 240 to up to JOD 600.³³

Figure 11: Timeline of health-care policy changes for urban Syrian refugees



In response to the 2018 policy shift, UNHCR – in collaboration with other partners, such as WHO, the World Bank and international donors – repeatedly sought to address the issue of refugee integration into the public health-care system.³⁴ UNHCR strongly advocated for the creation of a multi-donor trust fund to assist the Ministry of Health in covering costs, with USD 22.5 million contributed by the United States, Denmark and Canada as of April 2019.³⁵ Subsequently, the Government of Jordan reintroduced the pre-2018 health-care fee structures on 25 March 2019.³⁶

While health care was usually affordable for non-vulnerable Syrian refugees prior to 2018, the withdrawal of health-care subsidies was expected to cause considerable hardship for all refugees. In

³¹ Doocy et al., "Health service access and utilization among Syrian refugees in Jordan", 4.

³² UNHCR, "Cash for Health: Key learnings from a cash for health intervention in Jordan" (n.d.), <https://www.unhcr.org/598c0eda7.pdf>.

³³ UNHCR, "New Health Policy."

³⁴ UNHCR, "New Health Policy."

³⁵ UNHCR, "Jordan Factsheet, April 2019" (2019), <https://reliefweb.int/sites/reliefweb.int/files/resources/69371.pdf>.

³⁶ World Bank, "Emergency Health Project Additional Financing", Report No. PAD3344 (2019), <http://documents1.worldbank.org/curated/en/465751561687318722/pdf/Jordan-Emergency-Health-Project-Additional-Financing.pdf>, 9. Other sources identify 27 March 2019 as the date for health care subsidy reintroduction: see International Rescue Committee, "Public health access and health seeking behaviors of Syrian refugees in Jordan:" (2020), <https://data2.unhcr.org/en/documents/details/74447>; and still others identify 9 April 2019 as the date: see UNHCR, "Jordan Factsheet, April 2019".

addition, UNHCR feared that, due to the barriers encountered when accessing public health services, refugees might turn to the private sector and to open drug markets without being properly diagnosed, or undertake other unsafe practices.³⁷ Therefore, UNHCR has provided free comprehensive primary, secondary and tertiary health-care services to vulnerable Syrians and all non-Syrian refugees in urban areas since January 2018, in addition to the existing provision of cash assistance for health services to eligible refugees.³⁸ As expected, after the Jordanian Government withdrew the health-care subsidies in 2018, demand for UNHCR-sponsored health care and cash assistance increased. UNHCR tried to fill the gaps by providing additional funding for basic health care for refugees and tripled its requested health-care funding to USD 70 million in 2019.³⁹ Since the subsidies were reintroduced in 2019, UNHCR has continued to provide health-care services to refugees in Jordan. Humanitarian health-care provision has remained at high levels, with half of the refugees in Jordan considered medically vulnerable.⁴⁰ In 2019, UNHCR provided over 320,000 medical consultations to refugees throughout the country, distributed over USD 1.3 million under the cash-for-health programme and covered the costs of transferring 15,000 emergency cases from refugee camps to urban hospitals for further treatment.⁴¹ The UNHCR health-care interventions continue to be critical for refugees, especially in response to the COVID-19 pandemic.⁴²

A4.3 Description of the data sets

We analyse the effects of the respective policy changes using rich micro-level data sets made available by UNHCR. The home visit (HV) data set contains survey data collected in lengthy interviews conducted by UNHCR and its partner organizations during home visits to Syrian refugee households in Jordan. This data collection effort has been ongoing in separate waves since its inception in 2012, when the first wave (HV1) was collected. For data consistency and because of relevant variable availability, the data used for this evaluation are based on waves six through nine (HV6 to HV9), covering a period of almost three years (January 2017 to November 2019) and comprising over 88,500 observations.

The HV data are a subset of the UNHCR Profile Global Registration System (ProGres) data – which include data on all registered Syrian refugees in Jordan – collected during the first registration of newly arrived asylum-seekers and the annual renewal of Asylum Seeker Certificates. However, the ProGres data include only key socioeconomic characteristics and lack detailed information on work

³⁷ UNHCR, “New Health Policy.”

³⁸ UNHCR, “Jordan Factsheet, February 2018” (2018), <https://reliefweb.int/report/jordan/unhcr-jordan-factsheet-february-2018>; UNHCR, “Jordan Factsheet, November 2019” (2019), <https://reliefweb.int/report/jordan/unhcr-jordan-factsheet-november-2019>.

³⁹ Charlie Dunmore and Rima Cherri, “As medical costs rise, Syrian refugees put health at risk” (UNHCR, Zarqa, Jordan, 2018), <https://reliefweb.int/report/jordan/medical-costs-rise-syrian-refugees-put-health-risk>.

⁴⁰ UNHCR, “Supporting refugees in Jordan: what we achieved in 2020”, UNHCR Jordan – Year in Review (Amman, Jordan, 2020), <https://reliefweb.int/sites/reliefweb.int/files/resources/UNHCR%20Jordan%20-%202020%20Year%20in%20Review.pdf>.

⁴¹ UNHCR, “UNHCR continues to support refugees in Jordan throughout 2019” (Amman, Jordan, 2019), <https://www.unhcr.org/jo/12449-unhcr-continues-to-support-refugees-in-jordan-throughout-2019.html>.

⁴² Lilly Carlisle, “Covering the cost of health care remains a struggle for refugees in Jordan” (UNHCR, Amman, Jordan, 2020), <https://www.unhcr.org/jo/13561-covering-the-cost-of-health-care-remains-a-struggle-for-refugees-in-jordan.html>.

permits, welfare and living conditions.⁴³ In contrast, the HV data contain over 200 variables (the exact number depends on the wave), including detailed information on housing, food security, health, employment, income and expenditures, education and demographics. The unit of analysis is the “case”,⁴⁴ which is the unit UNHCR uses for refugee registration. A case is not the same as a household (which is the unit more frequently used in the relevant literature): more than one case can live in the same dwelling, and multiple households can be registered under the same case ID. Nevertheless, these two units are quite close to one another and are therefore used interchangeably in this evaluation, similarly to common UNHCR practice.⁴⁵ The reason we chose this level of analysis (rather than the individual level) is that all the outcome variables used in this study are only available on the case level.

The HV data do not constitute a representative sample of all registered refugees, as they include only out-of-camp refugees⁴⁶ who are non-randomly selected to take part in each wave. The HV surveys are used primarily to assess urban refugees' eligibility for cash assistance based on their poverty and protection needs. Hence, households enter the data set based on three criteria: (i) all newly registered cases (since 2013), (ii) cases due for reassessment based on a monthly list and (iii) cases that have requested a visit due to urgent needs.⁴⁷ However, since most refugees have requested assistance by now, the data set contains a large proportion of all registered refugees in Jordan. In addition, as Paolo Verme and his colleagues argue, we can assume that the HV data are more representative of the refugee population than the standard ProGres data, since the former are collected in lengthy interviews as opposed to brief questions under pressure immediately after refugees arrive.⁴⁸ In addition, one UNHCR HV data report states that there is no systematic difference between HV and ProGres data in terms of gender or age of out-of-camp refugees.⁴⁹

⁴³ Paolo Verme et al., “The Welfare of Syrian Refugees: Evidence from Jordan and Lebanon” (World Bank Group; UNHCR, Washington, D.C., 2016), 56.

⁴⁴ Defined by UNHCR as a “processing unit similar to a family headed by a Principal Applicant. It comprises (biological and non-biological) sons and daughters up to the age 18 (or 21) years, but also includes first degree family members emotionally and/or economically dependent and for whom living on their own and whose ability to function independently in society / in the community and/or to pursue an occupation is not granted, and/or who require assistance from a caregiver”; see Verme et al., “The Welfare of Syrian Refugees”, 60.

⁴⁵ UNHCR, “Living in the Shadows: Jordan Home Visits Report 2014” (2014), 15.

⁴⁶ UNHCR, “Living in the Shadows”, 15.

⁴⁷ Verme et al., “The Welfare of Syrian Refugees”, 57–58; UNHCR, “Syrian Refugees Living Outside Camps in Jordan: Home Visit Data Findings, 2013” (2013), 12.

⁴⁸ Verme et al., “The Welfare of Syrian Refugees”, 59.

⁴⁹ UNHCR, “Living in the Shadows”, 16.

A4.3.1 Data limitations

All in all, the HV data from Jordan constitute a rich data set, containing a large number of observations and multiple variables suitable for analysing interesting and relevant research questions, which allows us to gain valuable empirical insights into different instances of humanitarian-development cooperation. However, given that the data are collected for the purpose of eligibility assessment rather than impact evaluation, some shortcomings remain. Firstly, as an 'ex-post' data set (as opposed to a questionnaire developed and implemented for the purpose of a specific study), it does not necessarily comprise all the variables that would otherwise be included. Therefore, while some topics feature prominently in the data (such as housing and food security), there are considerably fewer interesting variables for other areas (such as health care and protection risks). Additionally, while some data have been available on the individual level since the HV7 wave, this is mostly restricted to sociodemographic information, which inhibits the assessment of individual-level outcomes.

Secondly, variables, survey questions and the format of certain variables change across survey waves. For example, major changes were made to the questionnaires between the HV6 and HV7 waves, so that later waves include very detailed information on each individual case member. This information was not collected in the previous waves. As another example, while the survey question on whether a high-risk job had been accepted refers to the previous 30 days in some waves, in several other waves, the time frame referred to is any time since the refugee's arrival in Jordan. Such changes across waves critically reduce data comparability across time.

Thirdly, the HV data do not usually include information on refugees who live in camps, as its original purpose was to determine out-of-camp refugees' eligibility for assistance programmes. Only those households which have moved from urban to camp settings are included in the data (though without an indicating variable). From an impact evaluation perspective, not having the same data available for camp refugees prevents comparisons between camp and urban refugees, which could have benefitted our approach and added to the utility of this study.

Fourthly, although the data set includes several observations of the same cases and thus, in theory, could be used as panel data, the panel structure of the data is difficult to utilize, since case IDs frequently appear to be inconsistent. In addition, not all cases are revisited, and revisits do not occur randomly, which makes panel data analyses unfeasible.

Fifthly, since variables are mostly based on a self-reported questionnaire that takes place in a setting that is intended to assess a refugee's eligibility for UNHCR assistance, the data could be prone to response bias, meaning that respondents consciously or subconsciously adjust their answers in accordance with social desirability or (presumed) eligibility criteria. In the following quantitative analyses, we have taken great care to choose appropriate methods – especially in the light of these limitations – to make the most of this exceptionally large-scale data set on refugee welfare.

Sixthly, this report employs the statistical propensity score matching (PSM) method as a tool for analysis. Although PSM is the most suitable methodological approach given the available data – as well as, for example, a lack of instrumental variables available for the unit of analysis – and is applied in a way that succeeds in establishing balance between the treated and control groups, certain limitations remain (in addition to the general limitations of the data set, as discussed above). These arise mainly because PSM is only able to achieve balance across observable characteristics. Therefore, there remains a risk that additional systematic differences between households with and without work permits are not accounted for in the analysis for reasons of data availability. If such unobserved discrepancies are important for whether refugees have a work permit (such as differences based on personality, motivation or educational background), they could lead to biases in the estimates obtained in this analysis. However, when comparing the results of multivariate models after PSM, as presented here, to those of bivariate models after PSM or standard multivariate and bivariate regression models without matching, estimates differ – as would be theoretically expected. These comparisons confirm that conducting matching and running multivariate post-matching models achieves the goal of controlling for considerable degrees of bias.

Seventhly, another limitation of PSM relates to the fact that a considerable number of observations from the control group are removed from the sample (note that the original data set had almost 75,000 observations, which are reduced to almost 17,500 in the matched sample). Consequently, the results presented apply with certainty only to those refugee households that are most similar to the treatment group (i.e. those that possess a work permit), but not necessarily to all refugees. Nevertheless, this approach also has the advantage of controlling for considerable observable biases (as stated above), thus increasing the confidence that the impacts observed are indeed causal.

Finally, and again due to data availability, the potential effects of work permit possession on working conditions could not be investigated. For this reason, even though this analysis finds that work permit holders earn more, we cannot draw any conclusions about potentially longer working hours or the discriminatory, exploitative practices they might experience.⁵⁰ Moreover, the available data do not provide information on whether work permit holders actually work in the occupation listed on their permit,⁵¹ nor does it allow us to differentiate between being employed and running one's own business, and so potential variations in effects across these two variables could not be assessed.

A4.4 Empirical analyses

In what follows, we conduct two sets of analyses, one focusing on the effects of labour market integration of Syrian refugees and the other on the withdrawal and reintroduction of health-care subsidies. For each example of cooperation, we conduct descriptive and inferential statistical analysis on a range of relevant outcome variables.

⁵⁰ See International Labour Organization, "Work Permits and Employment of Syrian Refugees in Jordan: Towards Formalising the Work of Syrian Refugees", International Labour Organization, Beirut, 2017, p. 13.

⁵¹ UNHCR, "Livelihoods and work Permits"; Razzaz, "A Challenging Market Becomes More Challenging," 12.

A4.4.1 Labour market integration

Key Takeaways

- Labour market integration is not uniform across refugee cases: Case size, legal entry into Jordan and possession of an Mol card increase the likelihood of obtaining a work permit, whereas females-headed cases, single caregivers and people with chronic medical illnesses are all less likely to obtain a permit.
- Possessing a work permit considerably increases refugee incomes and expenditures and reduces the risk of living below the poverty line.
- Work permit possession has positive effects on refugee protection and security, food security and access to education.

Data

Labour market integration, the independent variable of interest, is operationalized as work permit possession. It is coded as a yes/no variable (dummy variable), indicating whether at least one individual case member possesses a valid work permit. This variable is somewhat limited in that it records only work permit possession, not whether the permit is registered with the case member's current employer or job, or when it was issued. Out of the almost 75,000 observations for which consistent work permit information is available (HV7–HV9, covering the period from May 2017 to November 2019), 8,742 observations possessed a work permit, accounting for 11.7 per cent of the total sample.

For the HV8 subset of the data, information on the year of birth is available for all individual case members. Using this information, a second data set has been created, which includes only those cases in which at least one person is of working age. This eliminates the risk that the results of the main analysis are driven by cases in which refugees are not part of the working-age population and accordingly were not affected by the work permit policy change. The minimum working age in Jordan is 16,⁵² but non-Jordanians must be at least 18 years old to apply for and obtain a work permit.⁵³ Moreover, the data set contains work permit information only for those cases in which persons are under 60 years old. Hence, working age is defined here as ages 18 to 59. As such, the data set is reduced to 44,156 observations. On average, there are 1.8 working-age persons per case, and 2.3 persons below the age of 18. The average age of working-age case members is 34.5 years old.

We use several variables to measure welfare outcomes, mostly without making substantial changes to the original data. These include monthly income from various sources, total monthly expenditures and monthly expenditures for education, the use of negative coping mechanisms to meet basic food needs within the past 30 days, employment and the existence of legal or physical protection needs. For more details and descriptive statistics on these variables, see Table 2.

⁵² International Labour Organization, "Better Work Jordan: Guide to Jordanian labour law for the garment industry" (Geneva, 2013), 10.

⁵³ UNHCR, Government of Jordan and International Labour Organization, "Frequently Asked Questions."

Table 2: Descriptive statistics on independent and dependent variables in the original data set.

Variable	Survey question / coding	Nature of variable	Measurement unit	Mean	Min.	Max.	SD	Expected sign
Independent variable								
Work permit possession	At least one household member with a work permit	Dummy	0/1	0.12	0	1	0.32	
Dependent variables								
Income from work	Monthly income from work	Continuous	JOD	106	0	3,350	131.2	+
Expenditures (total)	Monthly total expenditures	Continuous	JOD	251.3	0	3,560	148.4	+
Poverty	Living below the JOD 68 poverty line	Dummy	0/1	0.62	0	1	0.69	-
Protection needs	Do you have specific legal and physical protection needs?	Dummy	0/1	0.50	0	1	0.50	-
Risky job	In the past 30 days, have any of the adult household members accepted socially degrading, exploitative, high-risk or illegal temporary jobs to meet basic food needs?	Dummy	0/1	0.44	0	1	0.50	-
Unemployment	No case member employed	Dummy	0/1	0.40	0	1	0.49	-
Educational expenditures	Monthly expenditures for education	Continuous	JOD	6.1	0	845	14.6	+
Child labour	In past 30 days, have you sent children (under the age of 16) to work in order to provide resources to meet basic food needs?	Dummy	0/1	0.20	0	1	0.40	-
Negative coping mechanisms	In past 30 days, have you applied any of these strategies to meet basic food needs? (individually discussed in results section)	Dummy	0/1		0	1		-

Methods

In essence, we are interested in assessing the effects of holding a work permit on key outcome variables for a refugee household, as compared to a counterfactual scenario in which the same household had not obtained a work permit. Obviously, it is not possible to directly observe the counterfactual scenario. To overcome this limitation in an experimental study, participants would be randomly assigned to the treatment group (refugees who have a work permit) or the control group (those who do not have a work permit). In the setting of this study, however, work permits were not randomly assigned, as households were not chosen at random to receive or not receive a work permit. Obtaining a work permit is facilitated or impeded by certain individual, household or regional characteristics, which could also affect the outcome variables of interest. For example, those who apply for work permits might be more motivated to improve their own situations than those who do not. This motivation would determine not only whether a refugee possesses a work permit, but also – with or without the work permit – that person's activity and likely outcomes in the labour market.

The data used here are non-experimental data (also called observational or quasi-experimental data⁵⁴), meaning we run the risk that the treatment and control groups differ systematically. This poses many challenges to drawing causal inferences when comparing the two groups. To obtain unbiased estimates of the effects of labour market integration on welfare outcomes, we must consider households' potential self-selection into the treatment and control groups, and we need to balance the data before analysing the effects of treatment. To this end, the subsequent analysis relies on propensity score matching (PSM) to overcome the challenges posed by observational data.⁵⁵ PSM is a statistical method developed to estimate the effects of treatment using non-experimental data. It balances the data by finding, for each treated household, one (or several) household(s) in the control group which has or have a similar probability of being treated. Matching treated and control households based on their propensity to receive treatment accounts for a potential self-selection bias and allows us to estimate effects using the matched data as if the data had been generated in a randomized experiment.⁵⁶

There are three main steps to this procedure: firstly, estimating refugees' propensity to have a work permit using bivariate logistic regression; secondly, matching comparable treated and control observations based on their propensity scores, which together constitute the matched sample; and thirdly, conducting post-matching multivariate regression analysis using this matched sample.

The propensity to be treated (i.e. to have a work permit) is estimated via a logit regression model that includes several observable covariates that can be expected to affect the likelihood of having a work permit, but are not affected by work permit possession. These are the absolute number of persons in a case and its squared term; a dummy on whether the case is female-headed; the duration of stay in

⁵⁴ Shenyang Guo and Mark W. Fraser, *Propensity Score Analysis: Statistical Methods and Applications*, second edition, Advanced quantitative techniques in the social sciences series 11 (Los Angeles: Sage, 2015), 31.

⁵⁵ P. R. Rosenbaum and D. B. Rubin, "The Central Role of the Propensity Score in Observational Studies for Causal Effects," *Biometrika* 70, no. 1 (1983), <https://doi.org/10.1093/biomet/70.1.41>.

⁵⁶ Guo and Fraser, *Propensity score analysis*, pp. 28; 171.

Jordan; the type of entry into Jordan (legal or illegal); possession of an Mol card (which is required to obtain a work permit); the share of case members with chronic medical issues; whether there is a single caregiver in the case; whether the principal applicant's occupation in Syria was on the professional level; the Jordanian governorate of residence; and the year of interview. Usually, the estimation of the propensity scores is a mere by-product in the PSM process. In this case, however, it also allows us to draw conclusions about what drives work permit possession. Hence, we can use the results of this intermediate step to answer the question of which refugee cases are more, and which are less, likely to receive a work permit.

After checking that suitable matches were available for all or most of the treated observations (also called “region of common support”; see Figure 12), the data are balanced on observed covariates by matching treatment and control participants based on estimated propensity scores. For the main analyses, we applied one-to-one nearest neighbour matching (NNM). In addition, various other matching techniques have been employed to check the results for robustness, among them 1:1 and 3:1 NNM with and without replacement, and with and without a 0.25 standard deviation calliper. The results proved to be very robust across different matching techniques, which adds additional levels of robustness to the results. The resampled, balanced data set resulting from the one-to-one NNM has 17,484 observations, of which 8,742 are in the treatment group and 8,742 are in the control group. All of the treated observations in the original data set have been successfully matched, and, after matching, the standardized mean differences remained well below the usual threshold of 0.1 for all covariates, indicating that we achieved a very acceptable level of balance in the matched data (see Figure 13).

Figure 12: Region of common support

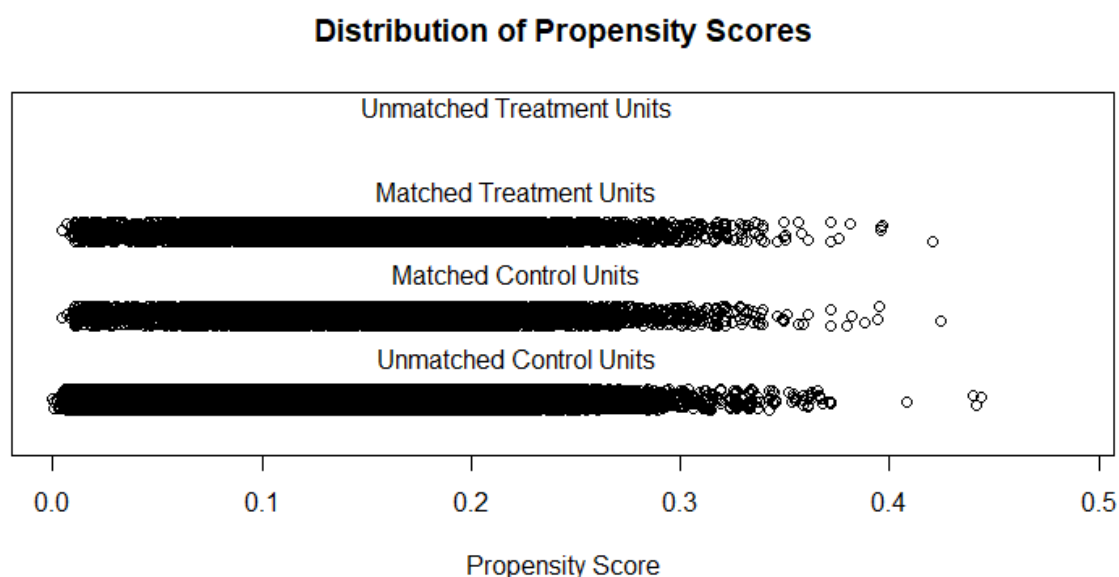
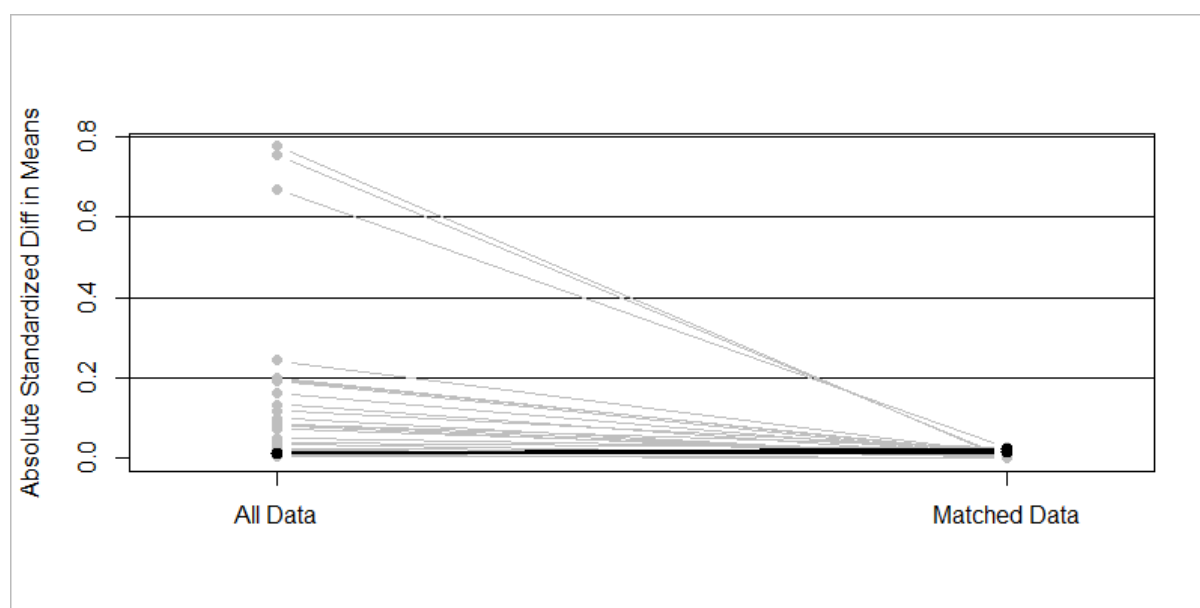


Figure 13: Standardized difference in means before and after 1:1 NNM



Using the data resampled via matching, we conducted post-matching analyses for the outcomes described above. This step consisted of several multivariate linear and logistic regression models (depending on the format of the outcome variable).

In addition, we tested for heterogeneous treatment effects – i.e. whether different types of refugee sub-groups respond differently to having a work permit – to capture more of the complexity within the treatment effect.⁵⁷ Given that covariate balance in the main matched sample was not sufficient across all sub-groups, matching was instead conducted separately for the respective sub-groups.⁵⁸ We estimated separate propensity score models for each sub-group and matched them separately with one-to-one NNM. The reason for doing this was that estimating two separate propensity score models acknowledges potential group differences in the process determining whether cases obtain work permits.⁵⁹ Conducting PSM separately for all groups achieves a satisfying covariate balance between cases with and those without a work permit across groups. We tested for group differences between male- and female-headed cases, cases above and below the JOD 68 poverty line, as well as ‘dependent’ cases with a dependency ratio above 100 and ‘independent’ cases with a dependency ratio below 100.⁶⁰

⁵⁷ Guo and Fraser, *Propensity score analysis*, 89.

⁵⁸ Kerry M. Green and Elizabeth A. Stuart, “Examining Moderation Analyses in Propensity Score Methods: Application to Depression and Substance Use”, *Journal of Consulting and Clinical Psychology* 82, no. 5 (2014), <https://doi.org/10.1037/a0036515>.

⁵⁹ Green and Stuart, “Examining moderation analyses in propensity score methods: application to depression and substance use.”

⁶⁰ Thus, a dependency ratio above 100 indicates that there are more unproductive (young/old) case members than productive case members.

Results

Factors driving work permit possession

The results of the multivariate logistic regression used to estimate the propensity score model show that all of the covariates included (listed in the previous section) are statistically significant. Three variables increase the likelihood of having a work permit (odds ratios of > 1): case size (the larger a case, the higher the likelihood that it has at least one work permit);⁶¹ legal entry; and having an Mol card. Other variables decrease the likelihood of having a work permit (odds ratios < 1): female-headed cases; those who had a professional-level occupation in Syria; cases with single caregivers; and cases with serious medical condition, as shown in Table 3. In addition, there is some variation across Jordanian governorates, which is not reported in Table 3 for reasons of space.

Table 3: Results of multivariate logistic regression for work permit possession

	Work permit possession		
Predictors	Odds ratios	std. Error	p
Mol card	2.17	0.22	<0.001
Case size	1.12	0.02	<0.001
Case size ²	0.99	0.00	<0.001
Legal entry	1.18	0.03	<0.001
Female-headed	0.42	0.01	<0.001
Professional-level job in Syria	0.83	0.05	0.003
Single caregiver	0.25	0.01	<0.001
Serious medical condition	0.68	0.02	<0.001
Duration of stay	1.00	0.00	<0.001
2018	0.85	0.02	<0.001
2019	0.59	0.02	<0.001
Observations	74817		
R ² Tjur	0.047		

⁶¹ However, this effect is non-linear. It decreases in magnitude with increasing case size, as indicated by the statistically significant negative coefficient of the squared term.

Effects of work permit possession

We found considerable, statistically significant effects of work permit possession across a range of outcomes. The effects reported as statistically significant in the following sections achieve a minimum significance level of 5 per cent (printed in bold in the tables below), many of which are significant even at the 1 per cent level. The results are presented across different outcome categories.

Monthly income

The results of various multivariate regression models for different sources of monthly household income (see Table 4) show that having a work permit increases total monthly income by about JOD 44, all else being held equal. This is a considerable increase, given that median total monthly income in the matched data is JOD 150. This increase is mostly driven by an increase in income from work, which amounts to JOD 45. At the same time, income from other sources diminishes slightly when a household has a work permit: donations decrease by JOD 1, remittances by JOD 4 and other income by JOD 2.⁶² Since self-reported income data could be unreliable due to various biases, it is common practice in many socioeconomic analyses to use expenditures as a proxy. Therefore, we also estimated the effect of having a work permit on total monthly expenditures. The results show a smaller effect of possessing a permit as compared to income – an increase of JOD 23 – but this effect is nevertheless positive and statistically significant.

Thanks to their income-increasing effect, work permits considerably decrease the risk of living below the poverty line.⁶³ Having a work permit, and therefore higher income, does not have an effect on the likelihood of receiving assistance from UNHCR, UNICEF or WFP. The coefficient of the work permit dummy is not statistically significant in any of the respective models (see Table 5).

Table 4: Impact of work permit possession on income and expenditures⁶⁴

	Total income			Earnings			Donations			Remittances			Expenditures		
Predictors	Estimate s	std. Error	p	Estimate s	std. Error	p	Estimate s	std. Error	p	Estimate s	std. Error	p	Estimate s	std. Error	p
Work permit	44.07	1.94	<0.001	45.32	1.82	<0.001	-1.35	0.45	0.003	-4.14	0.51	<0.001	22.58	1.86	<0.001
Observations	17484			17484			17484			17484			17484		
R ² / R ² adjusted	0.228 / 0.227			0.286 / 0.285			0.115 / 0.113			0.073 / 0.072			0.263 / 0.262		

⁶² Please note that the components of income presented do not add up to the total income. The reasons for this are: that additional income components exist in the data, but were not used for the analysis due to the large number of missing values or zeros; that income provided by international organizations is not given in monetary terms (but only as dummies) in most waves; and that 'other income' is based on a sub-sample of the data, which is not included in HV9.

⁶³ Measured both as the absolute poverty line (monthly per capita expenditures < JOD 68) and the abject poverty line (monthly per capita expenditures < JOD 28).

⁶⁴ Covariates: Year, case head, case size, case size squared, duration of stay, professional-level job in Syria, share of employed case members, possession of MoI card, share of case members with serious medical conditions, single caregiver, governorate.

Table 5: Impact of work permit possession on the probability of receiving multilateral assistance and living below the poverty line⁶⁵

	UNHCR			WFP			UNICEF			Absolute poverty line			Abject poverty line		
Predictors	Odds ratios	std. Error	p	Odds ratios	std. Error	p	Odds ratios	std. Error	p	Odds ratios	std. Error	p	Odds ratios	std. Error	p
Work permit	0.89	0.05	0.039	0.93	0.04	0.092	1.00	0.06	0.970	0.69	0.03	<0.001	0.63	0.04	<0.001
Observations	6262			17483			17484			17484			17484		
R ² Tjur	0.137			0.279			0.214			0.369			0.110		

Protection and employment

In addition to increased income, having a work permit has positive effects on refugee protection and security: having a work permit considerably decreases the probabilities of having specific legal or physical protection needs; of having accepted a risky, illegal or socially degrading job; and of all case members being unemployed (as indicated by the odds ratios under 1 in Table 6). Pertinently, all of these effects are independent of the income-increasing effects of holding a work permit, as the results hold even when controlling for income level.

Table 6: Impact of work permit possession on protection and employment⁶⁶

	Protection needs			Risky job			Unemployment		
Predictors	Odds ratios	std. Error	p	Odds ratios	std. Error	p	Odds ratios	std. Error	p
Work permit	0.18	0.01	<0.001	0.71	0.05	<0.001	0.10	0.01	<0.001
Observations	17484			5494			17484		
R ² Tjur	0.262			0.206			0.347		

Food security

The results presented in Table 7 indicate that having a work permit affects certain coping mechanisms adopted to meet basic food needs, and thus improves food security: work permit possession decreases the probabilities of having to buy food on credit and of having to reduce essential non-food expenditures (such as on education or health). Of these effects, the first is not solely driven by the income-increasing effects of work permits, as it does not vanish when we control for income. Work permit possession also seems to increase the likelihood of permit holders having changed location to meet their basic and food needs. However, the data do not allow us to test

⁶⁵ Covariates: Year, case head, case size, case size squared, duration of stay, professional-level job in Syria, share of employed case members, possession of Mol card, share of case members with serious medical conditions, single caregiver, governorate.

⁶⁶ Covariates: Income, year, case head, case size, case size squared, duration of stay, professional-level job in Syria, share of employed case members, possession of Mol card, share of case members with serious medical conditions, single caregiver, governorate.

whether this is an effect of having a work permit, or whether possessing a work permit increases mobility.

Table 7: Impact of work permit possession on food security⁶⁷

	Bought food on credit			Reduced spending (not controlling for income)			Changed location		
Predictors	Odds ratios	std. Error	P	Odds ratios	std. Error	p	Odds ratios	std. Error	p
Work permit	0.90	0.03	0.002	0.86	0.03	<0.001	1.22	0.11	0.029
Observations	17483			12774			17483		
R ² Tjur	0.092			0.060			0.030		

Education and child labour

The results show that having a work permit leads to slight increases in monthly education expenditures, by JOD 1.7 (through the income-increasing effect of work permit possession). This is 14 per cent of the mean educational expenditures of JOD 11.8. Having a work permit also decreases the likelihood of a household having sent children to work to meet basic food needs, as shown in Table 8.⁶⁸

Table 8: Impact of work permit possession on education and child labour⁶⁹

	Child labour			Educational expenditures			Educational expenditures (not controlling for income)		
Predictors	Odds ratios	std. Error	p	Estimates	std. Error	p	Estimates	std. Error	p
Work permit	0.68	0.10	0.012	-0.08	0.41	0.842	1.70	0.42	<0.001
Observations	6915			6963			6963		
R ² (Tjur) / R ² adjusted	0.047			0.152 / 0.148			0.088 / 0.085		

Effect heterogeneity

⁶⁷ Covariates: Income (except in second model), year, case head, case size, case size squared, duration of stay, professional-level job in Syria, share of employed case members, possession of Mol card, share of case members with serious medical conditions, single caregiver, governorate.

⁶⁸ These models were run on a sample reduced to cases with school-aged children between 5 and 17 years old.

⁶⁹ Covariates: Income, year, case head, number of school-aged children, dependency ratio, duration of stay, professional-level job in Syria, share of employed case members, possession of an Mol card, mean age*, share of men*, share of members with serious medical conditions*, share of members with medical conditions impacting the ability to work*, single caregiver, governorate (* of working-age case members).

Results show that there are no heterogeneous effects of having a work permit on monthly income from work across the analysed sub-groups. There are, however, group differences with regard to protection needs, which is most prominent for the division by case head. As stated above, holding a work permit decreases the likelihood of having protection needs. This effect is much stronger for male-headed cases as compared to female-headed cases. Having a work permit decreases the odds of having protection needs by 41 per cent for female-headed cases and by 86 per cent for male-headed cases. However, male-headed cases in the data set also indicate much more frequently to have protection needs: around 50 per cent of male-headed cases in the matched subset of the data set indicate to have "specific legal and physical protection needs," compared to around 30 per cent of female-headed cases. Thus, work permit possession closes this gap. Similarly, the work permit's effect of reducing protection issues is slightly stronger for poorer cases – those below the JOD 68 poverty line. The effects of having a work permit on unemployment differ only between male- and female-headed cases, and the effect is slightly stronger for female-headed cases: having a work permit helps these cases slightly more in finding employment.

Discussion

Granting refugees the right to work can considerably improve their self-reliance. The approach to granting refugees the right to work is far from a coherent model,⁷⁰ and we lack empirical evidence, systematic analysis and critical scrutiny of the effects of refugee labour market integration, especially on the lives of refugees themselves.⁷¹

This evaluation assesses the welfare effects of integrating Syrian refugees into the Jordanian labour market. We show that having a work permit significantly and considerably increases both earnings and expenditures. Moreover, the results show that formalizing labour lowers refugees' risk of living below the poverty line. The reasons for this could include refugees earning wages in accordance with the legal minimum wage and fewer instances of wage payments being delayed or not occurring at all. However, having a work permit, and thus higher income levels, does not have an effect on refugees' likelihood of receiving UNHCR, UNICEF and WFP assistance. This finding refutes the fears expressed by many refugees of losing their eligibility for humanitarian assistance if they were to possess a work permit.⁷² In addition to the above benefits of labour market integration, having a formal job decreases the chances of having legal or physical protection needs, or of having to accept risky or socially-degrading jobs – a finding which is in line with a rapid assessment conducted by

⁷⁰ Zetter, "Theorizing the Refugee Humanitarian-development Nexus: A Political-economy Analysis."

⁷¹ Clemens, Huang and Graham, "The Economic and Fiscal Effects of Granting Refugees Formal Labor Market Access", 11; Schuettler and Caron, "Jobs Interventions for Refugees and Internally Displaced Persons", 2; Verme and Schuettler, "The impact of forced displacement on host communities: A review of the empirical literature in economics", 3; Ala Al-Mahaidi, "Securing Economic Livelihoods for Syrian Refugees: The Case for a Human Rights-Based Approach to the Jordan Compact", *The International Journal of Human Rights*, 2020, 3, <https://doi.org/10.1080/13642987.2020.1763314>.

⁷² Lenner and Turner, "Making Refugees Work? The Politics of Integrating Syrian Refugees into the Labor Market in Jordan", 81; C. Bellamy et al., "The lives and livelihoods of Syrian refugees: A study of refugee perspectives and their institutional environment in Turkey and Jordan", HPG Commissioned Report (Overseas Development Institute, 2017), 29; Razzaz, "A Challenging Market Becomes More Challenging", 42; R. Amjad et al., "Examining Barriers to Workforce Inclusion of Syrian Refugees in Jordan", Discussion Paper 25 (International Labour Organization, 2017), 53.

UNHCR in 2016.⁷³ Finally, labour market integration has potential long-term benefits through its positive impacts on education: our results show that having a formal job increases education expenditures and decreases the risk of child labour.

Taken together, our results provide strong evidence that many of the expected benefits of integrating refugees into formal labour markets do materialize in practice. As discussed above (see Section A4.3.1), we note a small number of caveats with regards to the data and methods from which these results are derived. The results should be understood in terms of those limitations.

A4.4.2 Health-care subsidies

Key takeaways

- Refugees, especially with chronic medical needs, did have increased access to health care during the withdrawal of health-care subsidies, at reduced cost.
- This increased access continued even after subsidy reintroduction, particularly for cases with serious medical conditions and male-headed cases.
- All refugees seem to have benefitted from expanded humanitarian health service during subsidy withdrawal, but Syrians more so than non-Syrians.
- After the reintroduction of subsidies, Syrians kept enjoying relatively high health-care access at reduced cost, while non-Syrians seem to have suffered a sharp decline in health-care access.

Data

The data set contains only two variables that are likely to be directly linked to the changes in health-care costs discussed above. The first is total monthly treatment expenditures (medical and pharmaceutical) per case, and the second is whether case members had access to hospitals or clinics when they had a medical need in the six months before they took the survey. Unfortunately, no additional information was available – such as precisely what medical need precipitated the medical expenditures, whether medical expenditures include or exclude the UNHCR cash-for-health programme, which type of health care provider was accessed or whether there were unmet medical needs. In addition, the data include no variables on potential problems encountered when approaching health-care providers. The two available health-sector variables are included in all the HV waves from HV6 to HV9, covering the time period from January 2017 to November 2019. The data set includes 79,990 Syrian refugee case observations, out of a total of 88,064 observations also including non-Syrian cases. The data have been divided into three policy periods – before, during and after the government withdrew health-care subsidies (see the timeline in Figure 11 above) – so that we can compare variations in health care costs and access across these periods. The medical expenditures variable is measured in terms of absolute JOD. We have excluded observations with medical expenditures of over JOD 100, which are the top 1 per cent, to preclude the risk that results are driven either by data-entry mistakes or by extreme outliers. In addition to absolute medical

⁷³ UNHCR, “Livelihoods and work Permits: a rapid assessment” (2016).

expenditures, this variable is taken into account as a relative measure (monthly medical expenditure as a share of total monthly expenditures) and as a dummy (0/1) to measure catastrophic medical expenditures (which WHO defines as medical expenditures above 10 per cent of total monthly expenditures⁷⁴). The access variable is a simple dummy variable (0/1), which is available for all observations that stated a medical need in the six months prior to the survey.

The availability and structure of the data presented several challenges for our analysis. The access variable raises limitations not only because a question pertaining to the previous six months is prone to recall bias, but also because observations where the recall timeframe stretches across two policy periods have to be excluded from the analysis. Additional challenges to the analysis were presented by the fact that the policy change in health-care costs applied to all Syrian refugees universally, and it was thus not possible to construct a treatment and a control group in this case. In addition, since the data could not be used as panel data, individual refugee cases could not be observed over time. However, the data set does contain cases of non-Syrian nationals,⁷⁵ which allows for comparison of health-care variables across nationality for refugee cases.

Methods

For all the reasons above, and because there were not enough control variables available in the data set to conduct multivariate analyses, we opted for a primarily descriptive approach rather than inferential analyses. Only when comparing Syrians and non-Syrians did we apply difference-in-difference estimations, which essentially compares changes in the outcome variables across groups and periods.

This methodological approach does not allow us to draw causal conclusions. However, it does allow us to explore the consequences of the health-care policy shifts and, given the dearth of empirically based knowledge on this issue, it provides valuable insights. The combination of insights gained from the analysis of changes to health-care expenditure with those on access rates is particularly valuable. Our analysis was guided by the following expectations:

- Given that UNHCR stepped in to compensate for increased prices, we should not observe increases in medical expenditures or decreases in access rates.
- If the withdrawal of health-care subsidies led to changes in expenditures and access despite the actions of UNHCR, we should observe these changes occurring only for Syrians when we compare them to non-Syrians (who were not affected by the policy change, but were exposed to the same exogenous shocks and developments).⁷⁶

Results

⁷⁴ Jonathan Cylus, Sarah Thomson, and Tamás Evetovits, "Catastrophic Health Spending in Europe: Equity and Policy Implications of Different Calculation Methods", *Bulletin of the World Health Organization* 96, no. 9 (2018), <https://doi.org/10.2471/BLT.18.209031>.

⁷⁵ However, the specific nationalities of these non-Syrian cases were not provided by the data.

⁷⁶ However, one shortcoming of this comparison is that it is not clear whether all non-Syrian refugees received free health care from UNHCR and UNRWA across all three periods, or whether they paid the foreigners' rate.

Subsidy withdrawal

From period 1 to period 2, health-care access rates of Syrian refugees, which are relatively high throughout, rose from 92 to 99 per cent, while mean relative medical expenditures declined from 6.6 to 4.4 per cent (see Table 9). The decrease in medical relative expenditure translates into similar patterns for the share of households with catastrophic medical expenditures, which are much higher in period 1 (20 per cent) compared to period 2 (12 per cent). Increased access rates and decreased medical expenditures during period 2, as compared to period 1, indicate that UNHCR and other humanitarian actors have successfully and disproportionately absorbed health-care needs, even reducing the total costs borne by refugees, as compared to the period before the policy change.

Table 9: Mean nominal case-level expenditures (in JOD) and access rates across periods

Period	I: Medical expenditures	II: Total expenditures	Relative medical expenditures (I / II)	Catastrophic medical expenditures	Access rates
1	12.0	237	6.6%	20.0%	92.0%
2	7.35	233	4.4%	12.4%	98.8%
3	8.10	186	6.5%	18.4%	95.7%

When separating the above results by cases with serious medical conditions and those without,⁷⁷ Table 10 shows that the mean absolute medical expenditures for cases without serious medical conditions dropped considerably from period 1 to period 2. This decline was much less pronounced for cases with serious medical conditions, where there is presumably less leeway to reduce medical consumption. At the same time, however, there are no considerable differences between access rates between cases with and without serious medical conditions in the first two periods. This indicates that all refugees had access to health care in period 2, whereby those without serious medical conditions seemingly did so at very reduced rates.

The availability of non-Syrian observations in the data allows for the statistical comparison of Syrian and non-Syrian refugees using the difference-in-difference estimator. The results of a model comparing Syrians to non-Syrians across periods 1 and 2 are presented in the first columns of Tables 11 and 12. As expected, they indicate a statistically significant difference between Syrian and non-Syrian refugees (to whom the policy change did not apply): the decrease in relative medical expenditures and the increase in access rates from period 1 to period 2 were significantly more substantial for Syrians than for non-Syrians (coefficient of interaction terms statistically significant at $p < 5\%$). Hence, beyond the common exogenous trends that have led to decreasing relative medical expenditures and increases in health-care access for both Syrians and non-Syrians, the former seem to have been impacted disproportionately and may have benefited disproportionately from UNHCR providing additional health-care services to them during the period when subsidies were withdrawn.

⁷⁷ Those with at least one case member with a “serious medical condition” (HV6) or who answered positively when asked: “Do you have a medical condition (including only chronic conditions and/or serious medical conditions and/or injury)?” (HV7–9).

Table 10: Mean expenditures (in JOD) and access rates across periods, by serious medical condition

Period	Serious medical condition	Medical expenditures	Total expenditures	Relative medical expenditures	Catastrophic medical expenditures	Access rates
1	No	7.6	237	4.2%	12.4%	91.2%
	Yes	14.1	238	7.8%	23.7%	92.4%
2	No	0.2	225	0.1%	0%	98.3%
	Yes	11.4	237	6.6%	19.0%	99.0%
3	No	0.3	187	0.2%	0%	90.1%
	Yes	11.2	186	8.9%	25%	97.5%

Table 11: Difference-in-difference estimation for relative medical expenditures

	(1) Period 1 vs. period 2	(2) Period 1 vs. period 3
Syrian (dummy)	1.4 *** (0.302)	1.4 *** (0.334)
Period (dummy)	-1.3 *** (0.356)	-1.6 ** (0.491)
Difference (Syrian x period)	-0.9 * (0.367)	1.5 ** (0.508)
Intercept	5.2 *** (0.296)	5.2 *** (0.327)
N	77,537	57,449
Standard errors in parentheses; *** p < 0.001, ** p < 0.01, * p < 0.05		

Table 12: Difference-in-difference estimation for health-care access (cases with medical need)

	(1) Period 1 vs. period 2	(2) Period 1 vs. period 3
Syrian (dummy)	-0.01 (0.005)	-0.01 (0.006)
Period (dummy)	0.03 *** (0.007)	-0.03 * (0.013)
Difference (Syrian x period)	0.03 *** (0.007)	0.07 *** (0.013)
Intercept	0.93 *** (0.005)	0.93 *** (0.006)
N	65,792	46,684
Standard errors in parentheses; *** p < 0.001, ** p < 0.01, * p < 0.05		

Subsidy reintroduction

Analysing medical expenditures and access rates for period 3, in which health-care subsidies were reintroduced, shows that relative medical expenditures are similar to period 1 (see Table 9): they are about one third higher than during period 2 (when there were no subsidies). Similarly, after a decrease in the share of households with catastrophic medical expenditures in period 2, this share rises again in period 3 as compared to period 2. The pattern is less pronounced for access rates, which decline only slightly in period 3 (to 96 per cent).

While there are no pronounced differences in medical expenditure between cases with and without serious medical conditions when comparing periods 2 and 3, access rates differ between the two groups and periods (see Table 10). While access continues to be high for cases with serious medical conditions (98 per cent), it drops considerably for those without serious conditions (90 per cent). Together, these results indicate that in period 3, the low medical expenditures in cases without serious medical conditions are (at least in part) due to a lack in health-care access for these refugees.

The second columns in Tables 11 and 12 show the results of difference-in-difference models comparing periods 1 and 3, when health-care cost regulations were equal and thus no differences should presumably be visible across the two groups of refugees. Yet, the results show that in period 3, Syrians had significantly higher medical expenditures ($p < 1\%$) than non-Syrians. Also, access rates in period 3 were higher for Syrians than non-Syrians. This suggests that, beyond the policy change concerning the cost of health care, another factor might be (co-)responsible for the trends observed here.

Discussion

The above results constitute valuable, empirically grounded insights into the consequences of recent shifts in health-care cost regulation in Jordan via descriptive analyses and statistical comparisons of Syrian and non-Syrian refugees. However, given the limitations of the data, the findings do not allow us to draw causal conclusions. The results indicate that medical expenditures declined after subsidies were withdrawn in 2018 – in both absolute and relative terms, and in the share of households with catastrophic medical expenditures. However, it is difficult to establish the cause(s) of this pattern. It is unlikely that refugees were not affected by the 2018 policy change at all. According to the Health Access and Utilization Survey (HAUS) findings, 57 per cent of respondents confirmed experiencing increases in health-care costs in the past six months.⁷⁸ In the UNHCR vulnerability assessment framework (VAF) study, 47 per cent of respondents noted cost increases.⁷⁹

Given what was most likely a notable increase in health-care costs after the 2018 policy change, decreasing expenditure could be due to refugees reducing or stopping medical consumption entirely, and/or to UNHCR absorbing the additional costs disproportionately. The finding that medical expenditures have dropped much more steeply in cases without serious medical conditions indicates that these households reduced or stopped their non-urgent medical consumption due to increased

⁷⁸ Dajani Consulting, "Health Access and Utilization Survey", 19.

⁷⁹ Brown et al., "Vulnerability Assessment Framework", 61.

costs. In the most recent VAF study, of those respondents who said they had noticed health-care costs increase, the majority could no longer afford medication (79 per cent), could not visit medical centres (72 per cent) and could not afford medical procedures (54 per cent) as a result.⁸⁰ These findings are also in line with those reported by Zahirah Z. McNatt and her colleagues,⁸¹ in which numerous respondents said they were not able to receive necessary health care after the 2018 policy change, as well as those noted by Åge A. Tiltne and his colleagues,⁸² who observe that lack of affordability was the main reason why 38 per cent of all individuals did not seek health care.

Presumably, this was less of an option for households with serious medical conditions. When linking the findings on medical expenditure to those on access to health care, which improved after the subsidies were withdrawn, the results point towards UNHCR success in absorbing the health-care service gaps created by the withdrawal of subsidies. In the aforementioned HAUS study, 21 per cent of respondents said they sought free NGO services in order to cope with increased health-care costs.⁸³ In a survey conducted by the International Rescue Committee,⁸⁴ 77 per cent of respondents said they had sought free health care during period 2. Similarly, the respondents in McNatt and her colleagues' interviews⁸⁵ also describe seeking free health care from the United Nations, NGOs or other charitable organizations, which reveals a shift among respondents from seeking care from a mix of service providers (including public providers) to more exclusively seeking care from not-for-profit organizations. Given that UNHCR tends to address only more severe medical cases (due to resource constraints), these results could indicate that the health-care needs of cases with serious medical conditions were met by UNHCR during period 2, while cases without serious medical conditions, which were potentially ineligible for UNHCR assistance, might have had to cut their non-urgent medical consumption. Thus, as a consequence of the 2018 policy change, refugees had to "navigate a complex system" of service providers.⁸⁶ As UNHCR feared, according to another study, the withdrawal of subsidies seems to have caused refugees to incur debt, compromised the quality and coherence of service delivery, and increased the prevalence of risky coping mechanisms like self-diagnosing and self-dosing.⁸⁷ However, due to data constraints, the results of the present study cannot directly speak to these findings.

Syrian refugees seem to have continued to benefit from the additional access to health care provided by UNHCR, as well as the lower levels of health-care spending during the period in which subsidies were withdrawn in 2018, even after those subsidies were reintroduced in 2019. The slight decline we

⁸⁰ Brown et al., "Vulnerability Assessment Framework", 61.

⁸¹ Zahirah Z. McNatt et al., "'What's Happening in Syria Even Affects the Rocks': A Qualitative Study of the Syrian Refugee Experience Accessing Noncommunicable Disease Services in Jordan", *Conflict and health* 13, no. 26 (2019): 6–7, <https://doi.org/10.1186/s13031-019-0209-x>

⁸² Åge A. Tiltne, H. Zhang, and J. Pedersen, "The living conditions of Syrian refugees in Jordan: Results from the 2017-2018 survey of Syrian refugees inside and outside camps", Fafo-report 2019:04 (Fafo, 2019), 70

⁸³ Dajani Consulting, "Health Access and Utilization Survey," 20.

⁸⁴ International Rescue Committee, "Public health access and health seeking behaviors of Syrian refugees in Jordan," 5

⁸⁵ McNatt et al., "'What's happening in Syria even affects the rocks': a qualitative study of the Syrian refugee experience accessing noncommunicable disease services in Jordan", 7

⁸⁶ McNatt et al., "'What's happening in Syria even affects the rocks': a qualitative study of the Syrian refugee experience accessing noncommunicable disease services in Jordan", 9.

⁸⁷ McNatt et al., "'What's happening in Syria even affects the rocks': a qualitative study of the Syrian refugee experience accessing noncommunicable disease services in Jordan", 10.

observed in overall access rates could stem from a reduction in the availability of free-of-charge humanitarian health care, but overall expenditure levels remained below – and access rates above – those in period 1. This result can be explained by the findings of an International Rescue Committee study,⁸⁸ which observes that awareness of the reintroduction of subsidies in 2019 rose slowly over the subsequent months, with only 37 per cent of respondents being aware of the reintroduction by the end of 2019. Accordingly, access to public health services increased notably only in the last quarter of 2019 and was near-stagnate at a relatively low level (between 15 and 27 per cent) in the first six months after subsidies were reintroduced. Since June 2019, a consistently low share of respondents (below 19 per cent) have reported expecting the 2019 policy change to have a positive impact (compared to 47 per cent who expected this in April and May 2019). In addition, total expenditures dropped considerably in period 3. The resulting potential increase in the number of (medically) vulnerable Syrian refugees⁸⁹ could be an additional reason why refugees – especially those with serious medical conditions – continued to access humanitarian health care, which had been expanded when subsidies were withdrawn in period 2, even after those subsidies were reintroduced in period 3.

We should also note that our results on health-care access differ from those in the VAF study, which indicates a higher share of households reporting issues related to health-care access (35 per cent in 2018⁹⁰). While the VAF study is based on slightly different survey questions, the differences in results compared to our study are considerable. Similarly, the share of households that experienced catastrophic medical expenditures varies significantly between the two studies, with the VAF study reporting a 53 per cent share in 2018.⁹¹

A4.5 Overall conclusions

As part of the wider evaluation of UNHCR engagement in humanitarian-development cooperation, this quantitative analysis aims to provide insights into two concrete instances of such cooperation in Jordan, a lower-middle-income country that hosts one of the largest communities of Syrian refugees (both nominally and proportionally). In 2016, Jordan was one of the first lower-middle-income host countries to ease refugees' access to its formal labour markets. In addition, in 2018 and 2019, its stance on refugee health-care integration shifted considerably. UNHCR has been actively engaged in developing the work permit system and has strongly advocated for new, durable solutions to health-care cost regulation, while also stepping in to absorb the health-care gaps created by the withdrawal of subsidies.

This Annex contributes to efforts to learn from the response to the refugee crisis in Jordan. The analysis is based on comprehensive, high-quality household-level survey data, which was collected and made available by UNHCR. This analysis carefully applies state-of-the-art statistical methods to

⁸⁸ International Rescue Committee, "Public health access and health seeking behaviors of Syrian refugees in Jordan:", 1–2, 5.

⁸⁹ See also UNHCR, "Supporting refugees in Jordan."

⁹⁰ Brown et al., "Vulnerability Assessment Framework", 56.

⁹¹ Brown et al., "Vulnerability Assessment Framework", 58.

shed light on the consequences of the health-care cost shifts and to assess the effects of labour market integration for Syrian refugees. Regarding the first issue, our analysis indicates that UNHCR was likely able to absorb the major shocks caused by the withdrawal of health-care subsidies, at least for cases with serious medical conditions. Overall, access to health care seems to be high among Syrian refugees, and even improved slightly in the period in which subsidies were withdrawn.

Concerning labour market integration, we find clear evidence that work permit possession considerably increases earnings and expenditure, and thus decreases the risk of living below the poverty line. In addition, formalized labour decreases protection needs and various negative coping mechanisms, including child labour. Thus, our findings support the expectation that refugee labour market integration has substantial positive effects on refugees' lives. In many ways, Jordan is representative of several other middle-income host countries.⁹² Since it was one of the first lower-middle-income countries to ease access to labour markets for refugees, this study is among the first to address the effects of such policies in a context comparable to that of many other host countries. Therefore, this report can serve as a basis for future labour market integration efforts, both in Jordan and in other host country contexts.

With regard to future efforts, existing quotas and legal obstacles that prevent Syrian refugees from legally working in various sectors (including professional sectors) should be questioned and potentially eliminated. As a 2016 UNHCR rapid assessment indicates, one of the most frequent reasons why refugees do not have a work permit is that their preferred profession is closed to non-Jordanians.⁹³ The sectors in which refugees are permitted to work frequently do not align with many Syrians' skills profiles.⁹⁴ In line with this, our results indicate that having worked in the professional sector in Syria decreases the likelihood of a refugee obtaining a work permit, and thereby being legally integrated into the labour market in Jordan. As other reports have shown, professionals either choose to work illegally in professional jobs, which pay more than working legally in lower-skilled jobs, or they work in professional jobs and hold work permits for non-professional positions with the same employer.⁹⁵ In the latter case, work permit holders do not fully benefit from the formalization of their labour. An additional issue is how open Jordan will be to formalizing work for Syrian refugees now that the target of 200,000 work permits originally agreed upon in the JC has been reached. This applies both to issuing new work permits and to renewing existing permits. It will be important to keep the current mechanisms in place to facilitate work permit issuance and renewal processes (such as reduced fees and exceptional regulations for the agricultural and construction sectors).

In part, this analysis shows that holding a work permit has disproportionately positive effects on female-headed households. Still, unemployment among Syrian women (although it has declined

⁹² Al-Mahaidi, "Securing economic livelihoods for Syrian refugees", 2.

⁹³ UNHCR, "Livelihoods and work Permits."

⁹⁴ Barbelet, Hagen-Zanker and Mansour-Ille, "The Jordan Compact", 5; UNDP, ILO, and WFP, "Jobs Make the Difference: Expanding Economic Opportunities for Syrian Refugees and Host Communities. Egypt - Iraq - Jordan - Lebanon - Syria - Turkey" (United Nations Development Programme, International Labour Organization, World Food Programme, 2017), 39.

⁹⁵ Grawert, "The EU-Jordan Compact", 43; UNDP, ILO and WFP, "Jobs Make the Difference", 40; Tobin and Alahmed, "Beyond the work permit quotas", 44.

considerably in recent years) is still much higher than among Jordanian women (46 per cent compared to 28 per cent in 2017).⁹⁶ Against this backdrop, proactive efforts such as job fairs for Syrian women or awareness-raising campaigns targeting women specifically and encouraging them to apply for work permits could prove beneficial.⁹⁷ In addition, UNHCR and its partners could aim to tackle the conditions women (fear to) encounter when working.⁹⁸ Finally, since many of the sectors covered by work permits are male dominated,⁹⁹ opening more female-dominated sectors to work permits could also be an option.

In light of the current COVID-19 pandemic, both instances of humanitarian-development cooperation treated in this Annex are crucial. Firstly, integrating refugees into national public health-care systems and national COVID-19 health responses is important in keeping everyone safe. Secondly, integrating refugees into long-term socioeconomic responses is important for local economic recovery.¹⁰⁰ In relation to both of these issues, the pandemic has already triggered some improvements. Since July 2020, health-care service integration has been expanded so that the non-insured Jordanian rate includes not only Syrian, but also all non-Syrian asylum-seekers and refugees.¹⁰¹ In addition, related to the political work of UNHCR, the Government of Jordan now issues temporary licences to Syrian refugee medical professionals to support the national COVID-19 response, which constitutes the first time refugees have been able to perform professional jobs legally.¹⁰²

⁹⁶ Tiltne, Zhang and Pedersen, "The living conditions of Syrian refugees in Jordan", 96.

⁹⁷ International Labour Organization, "Work Permits and Employment of Syrian Refugees in Jordan", 51.

⁹⁸ Lenner and Turner, "Making Refugees Work? The Politics of Integrating Syrian Refugees into the Labor Market in Jordan", 81.

⁹⁹ Barbelet, Hagen-Zanker and Mansour-Ille, "The Jordan Compact", 5.

¹⁰⁰ Cindy Huang and Lauren Post, "World Bank's Refugee Policy Review Framework Brings Greater Understanding and Mutual Accountability", Center for Global Development, accessed February 17, 2021, <https://www.cgdev.org/blog/world-banks-refugee-policy-review-framework-brings-greater-understanding-and-mutual>.

¹⁰¹ UNHCR, "Jordan Factsheet, September 2020."

¹⁰² UNHCR, "UNHCR Jordan COVID-19 response" (Amman, Jordan, 2020).

Annex 5: Quantitative impact analyses – Ethiopia

This Annex provides details on the quantitative impact analyses of examples of UNHCR cooperation with development actors in Ethiopia. These analyses explore the impact of various examples of cooperation on the lives of those affected by comparing refugees who experienced the outcomes of the cooperation to similar individuals who did not.

A5.1 Background

A key assumption underpinning UNHCR efforts to increase its engagement in humanitarian-development cooperation is that such cooperation would benefit refugees and other persons of concern. The qualitative component of the evaluation identifies a range of examples of cooperation that are believed to have benefits for refugees. However, until now, little quantitative evidence has been generated on whether these positive impacts arise in real life.

For this quantitative analysis, we focus on Ethiopia, a country that hosts around three quarters of a million registered refugees. The qualitative component of the evaluation identified a relatively large number of examples of cooperation between UNHCR and development organizations in Ethiopia, both to provide and integrate services for refugees and to attempt to affect political change that would improve lives. These include major infrastructure and irrigation projects, efforts to integrate education and health-care systems, and direct support to and joint work with the Ethiopian Government to change policies, including those related to the right to live outside of camps and to register key life events, such as births, marriages and deaths.

The UNHCR operation in Ethiopia also has an impressive, complete data record of the refugees who live in the country. Over 700,000 refugees have been included in the UNCHR Level 3 (L3) registration data set. This not only documents the presence and location of refugees, but also includes a range of socioeconomic indicators – particularly related to employment status and educational enrolment – as well as other standard demographic markers, including age, gender and country/place of origin. In combination, this data set and the above-mentioned examples of cooperation make Ethiopia a promising case study for quantitative research.

The remainder of this document is structured as follows: Firstly, we introduce the examples of cooperation on which we have focused and how these relate to broader concepts of cooperation within UNHCR. Secondly, we discuss our data sources and the ways in which we treat them. Thirdly, we present the quantitative methodologies we employ and the results that emerge from our analyses. Finally, we present conclusions and reflections on the findings and the approach.

A5.2 Selection of examples of cooperation in Ethiopia

In order to conduct quantitative empirical impact evaluations, a particular type of data is required. Specifically, we require both 'treatment' and 'control' groups for each example of cooperation – that is, some individuals or places that are exposed to the outcome of the cooperation, and others that are not. Otherwise, it would not be possible to attribute any changes observed to the cooperation, as the situation might have improved for other unrelated reasons. Larger projects intended to benefit everyone who lives in a large area (such as a camp) do not satisfy these requirements. Therefore, this evaluation focuses its quantitative analyses on four examples of cooperation between UNHCR and development actors, as well as one example relevant to the broader debate on the humanitarian-development nexus, all of which satisfy these requirements.

A5.2.1 Registering major life events

One of the pledges made by the Ethiopian Government at the Leaders' Summit on Refugees in 2016 was to provide other benefits "such as the issuance of birth certificates to refugee children born in Ethiopia." UNHCR and various partner organizations supported the government in implementing this vital event registration.¹⁰³ However, the uptake of birth registration remains limited. As of December 2019, for example, fewer than 20 per cent of new births in the refugee community were formally registered. The evaluation team uses this variation in uptake to construct a treatment and a control group.

A4.5.2 Expanding Ethiopia's out-of-camp policy

Another pledge made by the Ethiopian Government linked to the global UNHCR effort to strengthen humanitarian-development cooperation is to expand its out-of-camp policy – which previously applied only to sponsored Eritrean refugees – to benefit 10 per cent of the total current refugee population.¹⁰⁴ This pledge is reflected in the Ethiopian Government's new Refugee Proclamation, as well as in directives designed to implement the Refugee Proclamation in practice. To date, only a small share of refugees indicate that they hold an out-of-camp permit. The number of holders is too small to allow for a rigorous impact analysis. Instead, we conduct a preliminary, exploratory analysis, which aims to provide guidance for future research on this question.

A4.5.3 Integrating education services for refugees and host communities

The Ethiopian Government has been formally encouraging refugees to enrol in government schools since 2010.¹⁰⁵ Since then – and with renewed impetus, thanks to the Government's pledge to increase enrolments among refugee children – UNHCR, the Ethiopian Government and development

¹⁰³ UNHCR, "In a historic first, Ethiopia begins civil registration for refugees", 27 October 2017, accessed 8 March 2021, <https://www.unhcr.org/news/briefing/2017/10/59f2f4757/historic-first-ethiopia-begins-civil-registration-refugees.html>.

¹⁰⁴ UNHCR, "Ethiopia Country Refugee Response Plan, 2020–2021", 15.

¹⁰⁵ UNHCR, "Ethiopia Refugee Education Strategy, 2015–2018", 10.

partners have taken gradual – albeit often cautious – steps towards integrating the education systems for refugees and host communities. This includes the Building Self-Reliance for Refugees and Vulnerable Host Communities by Improved Sustainable Basic Social Service Delivery (BSRP) programme, which involves cooperation between UNHCR and development partners. One aim of the BSRP programme is to increase the number of teachers with recognized Ministry of Education qualifications in primary schools in refugee-hosting areas. Since programme implementation is gradual and pre-existing levels of teacher qualifications may also vary, the ratio of qualified teachers varies across the country and between individual schools. This variation allows us to analyse 'exposure' to the programme via variations in its current level of implementation.

A4.5.4 Providing cash and in-kind assistance

In Ethiopia, UNHCR works with a range of other humanitarian actors – including ARRA (the Ethiopian Administration for Refugee and Returnee Affairs) and WFP – to provide assistance to refugees in need. Assistance falls into two broad categories: cash (or the equivalent, such as pre-loaded credit cards) and in-kind (such as food distributions). In Ethiopia, such assistance is provided as a component of standard UNHCR humanitarian support, and in this narrow sense is not a direct example of humanitarian-development cooperation. At the same time, however, cash assistance is often seen as a more development-oriented form of humanitarian assistance. It is also becoming an increasingly common component of development programming.¹⁰⁶ Evidence of the impact of cash assistance could therefore inform UNHCR efforts to make its own programmes more development-oriented and support potential future cooperation with development actors on cash programmes as well.

A5.3 Description of the data sets

For our analyses, we require data that allow us to define a range of relevant outcome variables at a suitable unit of analysis; that provides important control information; and that allows us to define 'treatment' and 'control' groups either directly or indirectly by merging with other sources. The possession of birth certificates or out-of-camp permits and the receipt of cash or in-kind assistance are all variables that can be measured at the individual and/or the household level, which suggests a need for data at this level. The integration of the education system can be measured at the school and the class level, and thus requires data at this level (e.g. number or proportion of qualified teachers). In principle, as long as individual students or households can be linked to a particular school, individual-level or household-level data would also be sufficient for this analysis.

For these analyses, we rely on two data sources. Firstly, we source individual and household data from the UNHCR Level 3 registration data set (L3 data set) on Ethiopia.¹⁰⁷ This data set registered

¹⁰⁶ C. Blattman, N. Fiala, S. Martinez, "Generating skilled self-employment in developing countries: Experimental evidence from Uganda", *The Quarterly Journal of Economics* 129, no. 2 (2014): 697–752.

¹⁰⁷ A full discussion of this data and how it was collected can be found at: <https://reliefweb.int/report/ethiopia/ethiopia-comprehensive-level-3-registration-and-bims-enrolment-may-2018-newsletter> (accessed 8 March 2021).

over three quarters of a million refugees in Ethiopia in 2018 and 2019. By the time of the first extraction for our analyses in July 2019, some 730,000 individuals had been registered in the data set. As part of the registration process, a short survey asking individuals about a range of socioeconomic and demographic indicators is taken, which is updated when individuals re-enter the system. As a result, the survey provides a longitudinal record of all registered refugees in Ethiopia. In terms of the sheer numbers involved, this is a rich data set, and it provides the essential structure of the data required without the risks of sampling issues or non-representativeness, which are risks in the use of other survey data records. The ease with which we can match individuals to households is a key factor within this data set, allowing us to conduct analyses at either or both levels. We rely on two 'extractions' from this data set: the most recent information for an individual up to July 2019; and the most recent information collected up to December 2019. This structure affords us a longitudinal data set that allows tracking variations in individual and household outcomes over time.

While the L3 data offers rich data, it is nevertheless a narrow survey. Apart from basic markers – such as age, gender and marital status – the survey affords few outcome indicators that allow us to analyse specific development or humanitarian outcomes in depth. Based on the data, we are able to deduce whether an individual is 'occupied' (i.e. formally or informally employed) and whether they are enrolled in some level of education. We base our outcome analyses around these indicators, as they each capture elements of investment in human capital and economic position. Other desirable information – such as household income, consumption expenditures or information on attitudes towards host communities – is not present in this data set.

Due to a quasi-experiment arising from the timing of a peace agreement signed by warring groups in South Sudan (October 2019), a second outcome indicator emerged. Between the July and December 'waves' of the L3 data set, this peace agreement was signed and over 40,000 South Sudanese individuals were deregistered from the L3 data set. We argue that this captures their return to South Sudan between the two waves of data. While one would expect some natural 'attrition' from a registration data set as some individuals die and some move to other countries, the deregistration of such a large number of individuals belonging to a single nationality is unexpected. Furthermore, our data show (1) that families return together; (2) that similarly large numbers of refugees of other nationalities in Ethiopia do not deregister at the same point in time; and (3) that those who deregister uniformly report fear of violence in their country of origin as their original reason for flight. Given this set of circumstances and observations, as well as qualitative eyewitness data on the ground, the most likely reason for South Sudanese refugees to be deregistered from the data set at that point in time is that they have returned. Consequently, this allows us to analyse the determinants of return and the role UNHCR humanitarian-development cooperation activities played in this.

The second data source focuses on schools. We use data from official ARRA statistics at the primary school level. This provides information on the school itself, the number of students in each class, the pupils' designations (host or refugee), the number of teachers, the teachers' qualifications and other information pertinent to the school, such as teacher turnover. We also have precise information on each school's location, which in principle would allow us to match the schools and the survey data based on where the individuals in the L3 data live. However, the location information in the L3 data is

insufficient. For example, the data set made available to us only presents information on the camp zone in which an individual lives, but not in which camp they reside. Many camps and many zones have more than one primary school, which makes it impossible to determine which school an individual would attend, should we have fuller geographic information available. At the secondary school level, where schools cover larger geographical areas, this problem is compounded.¹⁰⁸ Therefore, we use the school-level data to conduct a self-contained analysis by looking at the relationship between the extent of integration – proxied by the proportion of qualified teachers – and other school characteristics, such as the number of pupils, education cycle and school location.

A5.3.1 Data limitations

The narrow number of variables in the L3 database limits our capacity to account for additional observable household and individual characteristics that potentially drive the results of our analyses. We implement a series of econometric methods and robustness checks to mitigate the potential bias that this may cause. However, expanding the scope of the questionnaire could be a beneficial option to increase its usability for future research.

A second limitation of this data set is the representativeness of the treated subsamples. The beneficiaries of the examples of cooperation we analyse were not randomly assigned into the treatment group. Instead, they are a subset of the refugee population with specific characteristics determining their treatment. This limits the extent to which our conclusions are generalizable. The methods used in this analysis allow us to determine the impacts that the policies have on individuals with similar characteristics to those who benefited from the treatment. Given these data limitations, we cannot draw any conclusions on other subsets of the refugee population.

The lack of information on the exact location where each refugee lives is another main limitation of the L3 database. The research team had initially intended to match primary school-level information on the proportion of teachers with formal qualifications to the enrolment status of children in the L3 database. However, because there are multiple schools in certain geographic areas and because of uncertainties about the locations in which some of the refugees registered in the L3 data live, this approach was not possible. We understand that a forthcoming data set will match school-level data with the L3 survey. We encourage UNHCR to fully explore the possibilities of this data set once it becomes available in order to understand the impact of policies on education integration.

A5.4 Empirical analyses

Based on the available data and the relevant examples of cooperation, we conduct four sets of analyses, one focusing on each example of cooperation. In the case of access to birth certificates, permits to live outside of camps and receipt of cash or in-kind assistance, we analyse the impact of

¹⁰⁸ We are aware of UNHCR efforts to bridge these gaps by formally merging school-level information with L3 data. However, these data were not available in time for this evaluation.

cooperation on up to three outcome variables:¹⁰⁹ on children's enrolment in education, on employment and on South Sudanese refugees' return. The available data enabled a full impact analysis related to birth certificates and cash and in-kind assistance, but not for the out-of-camp policy. With regard to the efforts to integrate education systems by ensuring that more teachers have qualifications recognized by the Ministry of Education, we tried to understand what impact this had on the levels of enrolment and quality of education indicators. However, the available data only enable us to understand which kinds of schools saw the greatest degrees of integration. We summarize these analyses and their associated research questions in the table below and discuss results from each analysis in detail, including the methodologies and key results, in the subsequent subsections.

Table 13: Summary of research questions for the quantitative analyses

		Cooperation examples			
		Birth certificates	Out-of-camp permits	MoE teacher qualification	Cash and in-kind assistance
Outcomes	Return of South Sudanese refugees	Impact of birth certificates on return decisions			Impact of assistance on return decisions
	Job/ education status	Impact of birth certificates on school enrolment	Impact of the right to live outside of camps on school enrolment and employment	Links between teacher qualifications and other school characteristics	Impact of assistance on job/ education status

¹⁰⁹ This does not imply that we are able to analyse the effect of all examples of cooperation on all outcomes. In some cases, these analyses are not supported by the data to which we have access (e.g. hardly any South Sudanese individuals have the right to live outside of camps, meaning that we cannot conduct an analysis on the impact of the right to live outside camps on return).

A5.4.1 Birth certificates

Key takeaways

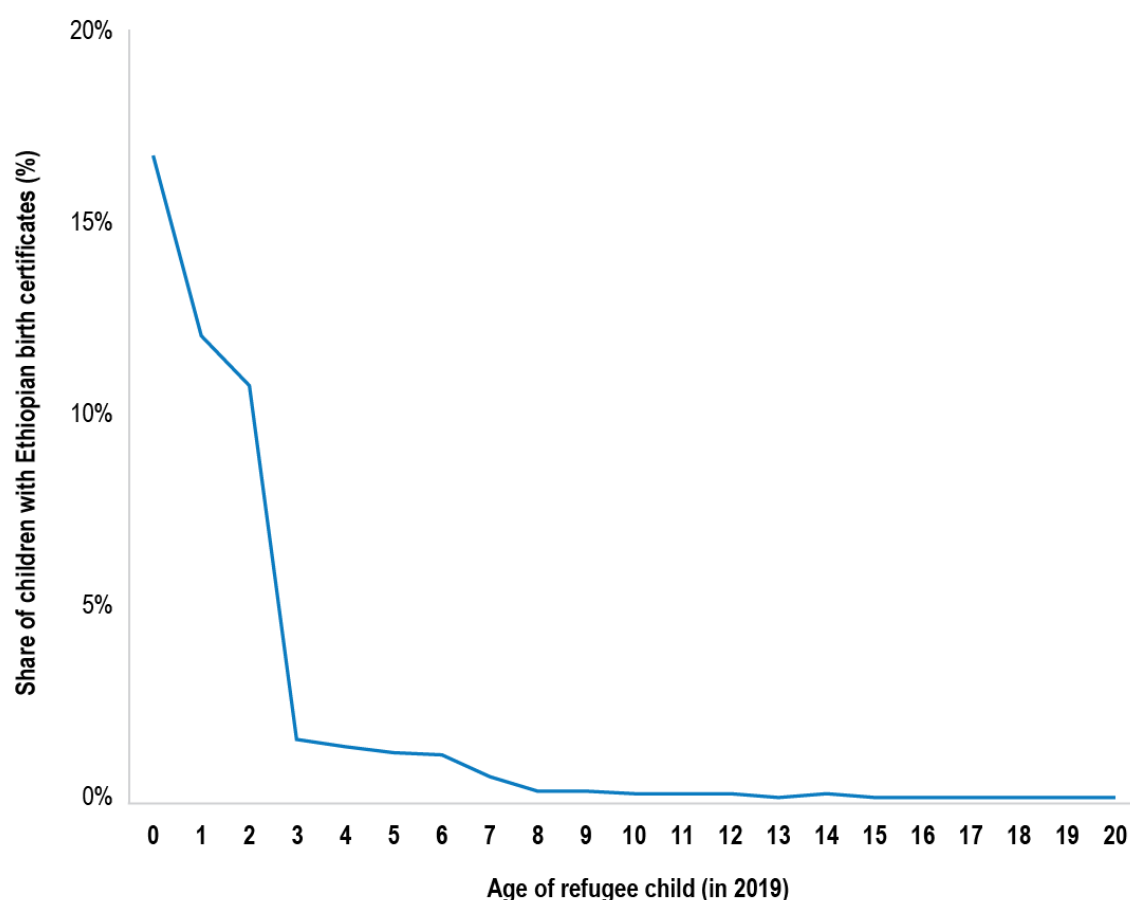
- In general, uptake of the opportunity to obtain formal birth certificates has been low among refugees.
- Children with birth certificates are more likely to come from a better off background, which means more attention must be paid to ensure that vulnerable and marginalized refugees can benefit from having a birth certificate.
- After accounting for different potential biases, we find that obtaining a birth certificate has a strong positive impact on the probability of child being enrolled in education.
- South Sudanese refugee families in possession of birth documents are also more likely to return to their home country, which is in stark contrast with the prevailing perception that refugees are more likely to remain in host countries when provided with formal documentation.

Data

One of the pledges made by the Government of Ethiopia at the Leaders' Summit on Refugees in 2016 was to allow refugees in Ethiopia to register key life events, such as births, deaths and marriages. It is hoped that such documents will not only serve their primary purpose of providing documentation, but also facilitate easier access to services – such as education – for those who hold them. Opportunities to register births with the Government of Ethiopia were made available from 2017 and allowed for the retrospective registration of earlier births as well.

As Figure 14 demonstrates, the uptake of these opportunities has been low, although it seems to have increased over time. Just under 20 per cent of children born in 2019 are reported as having a birth certificate. This drops to just over 10 per cent for those who were born in 2018 (who are 1 year old in our sample) and 2017 (who are 2 years old in our sample). Uptake of retrospective documentation is even lower – less than 3 per cent of 3 year olds in our sample (born in 2016) are reported to have a birth certificate, and the number decreases monotonically from there as children get older. Despite this, the data show that more than 8,000 children in total have received a formal Ethiopian birth certificate.

Figure 14: Proportion of households with children who hold a birth certificate



In order to analyse the impact on enrolment in education, we focused on a subset of the sample who are between 4 years old (the earliest starting age for preschool in Ethiopia) and 11 years old (the first age at which the probability of being enrolled in education is lower than it is for children one year younger).¹¹⁰ In other words, we did not test whether children under 4 years old are enrolled in education, as there is no formal level of education in which they could be enrolled. This allowed us to study a group of just over 1,300 children within this age range who have birth documents. We then studied the impact of a child having had their birth registered in Ethiopia on their probability of enrolment in education. We looked at a variable constructed from the L3 data set that determines whether a child has been enrolled in education at any point since birth registrations were allowed in 2017.

In order to analyse documentation's impact on return, we compared households in which at least one child (of any age) has an Ethiopian birth certificate to households in which no children have birth certificates. Since families deregister from the data set together and there is a highly plausible connection between deregistration and return for South Sudanese refugees, this provides an adequate basis for the analysis.

¹¹⁰ In order to ensure the results are not sensitive to this choice, we repeated analyses on subsets of children aged 4 to 10 and 4 to 8 years old. These analyses support the findings presented here. However, the data are not sufficient to analyse older clusters of children (e.g. those between 6 and 11 years old) due to the drop-off in registration seen in Figure 14. In this situation, our statistical analyses become unreliable.

Methods

Given the low registration rates for children in Ethiopia, we assumed that access to and receipt of birth documents is not likely to be randomly distributed over the population. This poses the problem that there might be structural differences between the treatment group (individuals or households with birth certificates) and the control group (those without certificates), which could also explain our outcomes of interest. For example, more educated heads of households might be more aware of the benefits of birth registration than less-educated ones. Consequently, such people would be expected to appear relatively more frequently in the treatment group than in the control group. Simultaneously, a more educated head of household might see more benefit to educating their children, and the children of such individuals are thus more likely to be enrolled in education than children in the population as a whole. In this situation, we would not be able to attribute higher levels of enrolment to having a birth certificate.

Table 14: Factors influencing whether or not a household has at least one child with a birth certificate¹¹¹

	(1)
Variables	Household birth certificate
Head of household's age	-0.000762*** (5.26e-05)
Months since arrival for head of household	-0.000205*** (9.81e-06)
Family size	0.0109*** (0.000258)
Head of household is female	0.00348** (0.00144)
Head of household has received at least one year of education	0.0155*** (0.00153)
Observations	157,019
R-squared	0.090

Standard errors in parentheses; *** p<0.01, ** p<0.05, * p<0.1

To test if risks of this sort are present, we first conducted an Ordinary Least Squares (OLS) regression to understand the factors that influence whether an individual has a birth certificate. If having a birth certificate were random, we would expect to see no significant coefficients. However, as Table 14 shows, this is not the case. The heads of households with at least one child who holds a birth certificate tend to be younger; the families tend to have arrived in Ethiopia more recently; they tend to be larger than households that have no birth certificates; and the heads of households tend to

¹¹¹ OLS regression at the household level. *Household birth certificate* is a dummy that indicates if at least one person in the household has a birth certificate. Additional covariates include country of origin.

be more highly educated. In addition, country of origin appears to be important. Refugees from Sudan, for example, are more likely to have a birth certificate on average.

In this case, we run the risk that our analyses will be biased if we do not correct for these concerns. A range of standard methodologies are available in the literature to correct for such potential biases. These include instrumental variable analyses; various forms of matching, where the data are reweighted to make the treatment and control groups more alike; regression discontinuity designs (RDD); and kinked designs (KD). Both RDD and KD approaches require observations of some threshold (e.g. need or capability) that determines acceptance into the treatment group, which is not possible in these circumstances. Similarly, due to the limited survey data collected, we cannot identify an instrumental variable. Instead, we relied on various matching regimes.

In these approaches, the aim is to approximate causal effects by comparing outcomes for observations in the treatment group with statistically similar or identical observations in the control group. Thus, one can take an individual with a particular profile in the treatment group and match them to an individual with an identical profile in the control group. In this situation, the only observable difference between these two individuals is their assignment to the treatment or control group. In this approach, any unobservable characteristics that are correlated to observable ones (e.g. intelligence, which might be correlated to education) are also 'matched'. In turn, major sources of bias are accounted for and causal effects are approximated.

Two limitations arise in such an approach. The first is that we can only match on observable characteristics that are captured in the data set. Treatment and control groups might also differ in terms of other characteristics that jointly determine treatment status and outcome. The second is that, almost by default, this approach throws out significant amounts of data – though, ideally, only within the control group. This means that results must be understood to be conditional on the data that are included. In other words, we can only be certain that results hold for the subsection of society that most resembles the treatment group, and not society as a whole. Despite these limitations, however, this approach offers an opportunity to control for major sources of bias and to closely approximate the causal impact of having a birth certificate.

We matched entries on a range of variables, including: head of household's age, head of household's gender, time since arrival, family size, country of origin (and consequently location within Ethiopia, as refugee camps are mostly nationality specific and are located in border areas near those origin countries) and head of household's education level. We conducted a range of different weighting regimes based on these variables.

Firstly, we used propensity score matching (PSM). In this approach, we first define the average characteristics of those in the treatment group. This allows us to understand the likelihood that an individual with a specific set of characteristics will be in the treatment group, regardless of their actual status (a so-called propensity score). To generate the propensity score, we ran a probit regression on a set of variables that might capture the characteristics of the treatment group. We then matched

individuals in the treatment group to individuals in the control group who have an identical propensity score.

Secondly, we used coarsened exact matching (CEM). In this approach, we match individuals exactly on a range of 'coarsened' versions of the variables. To 'coarsen' the data, we undertook a process in which we categorized variables into 'bins', similar to the columns of a histogram. For example, we might group age into clusters, such as 18–24, 25–30 and so on. We then matched individuals from the treatment group to those in the control group to whom they are 'coarsely' identical. Based on this matching, we generated a series of 'importance' weights for each individual in the control group. An individual who is the best match for multiple individuals in the treatment group becomes relatively more important than someone who is a best match for fewer, and non-matches are dropped entirely. We then ran a weighted regression on the matched set.

Finally, we used nearest neighbour matching (NNM), which directly matches treatment individuals to at least one individual with identical personal characteristics in the control group.

This approach ensures a balance between the treatment and the control groups. We repeated each analysis to ensure the results were not driven by random partner selection, and we used various sub-sample selections to overcome large sample biases. Additionally, to illuminate the potential presence of bias in our analyses, we ran both an uncontrolled OLS regression and an OLS regression in which we included the list of matching variables as a set of controls.

Results

Impact on education enrolment

Firstly, in Table 15, we present the results of our impact analysis of a child having a birth certificate on their educational enrolment status. In column (1), we present the results of the uncontrolled OLS analysis. In column (2), we present the results of the controlled OLS analysis. In columns (3), (4) and (5), we present the PSM, CEM and NNM analyses, respectively.

The reduction in size of the coefficient in specifications where individuals are matched to similar peers suggests that children who have birth certificates are more likely to come from a background that already elevates their probability of being enrolled in education. In other words, these outcomes occur on top of a set of characteristics that – from this perspective, at least – are already favourable for children who get birth certificates. Since children without those characteristics are less likely to get a birth certificate, they are also less likely to benefit from the potential positive impacts of having a birth certificate. There is a need to ensure that more vulnerable or marginalized households can benefit from the positive impacts of birth certificates.

Table 15: Impact of having a birth certificate on a child's educational enrolment¹¹²

	(1)	(2)	(3)	(4)	(5)
Model	OLS	OLS + controls	PSM	CEM	NNM
VARIABLES	Enrolled after 2017	Enrolled after 2017	Enrolled after 2017	Enrolled after 2017	Enrolled after 2017
Birth certificate	0.525***	0.131***	0.526***	0.104***	0.196***
	(0.00900)	(0.00787)	(0.00902)	(0.0136)	(0.0621)
Observations	216,358	215,152	215,152	68,122	108,237
R-squared	0.015	0.282	0.016	0.001	0.001
Sampled	NO	NO	NO	Yes 50%	Yes 50%
Control					106855
Treatment					1382

Standard errors in parentheses; *** p<0.01, ** p<0.05, * p<0.1

These results do show that having a birth certificate is a positive predictor of a child's enrolment in education. That is, children with birth certificates are more likely to be enrolled in education than those without birth certificates. In all specifications, the coefficient of the analysis is positive and significant at the 1 per cent level – a very high level of significance. When we account for potential sources of bias through the matching regimes, we see that the point estimates reduce in size but remain positive and strongly significant. In combination, these results indicate two things. Firstly, children with birth certificates are more likely to be enrolled in education than those without. Secondly, while some component of this is driven by processes that determine both having a birth certificate and being enrolled in education, the results still show that a pronounced, significant effect remains when these biases are considered. These results show that getting a birth certificate has a positive impact on the probability that a child is enrolled in education.

Impact on likelihood of returning to South Sudan

Secondly, in Table 16, we present our analysis of the impact of having birth documents on a household's return to South Sudan. As before, we present OLS, controlled OLS, PSM, CEM and NNM in columns (1) to (5), respectively.

¹¹² Analysis at the individual level for only children between 4 and 11; sample includes all origin countries. *Birth certificate* is a dummy that indicates whether the individual has a birth certificate. *Enrolled after 2017* is a dummy that indicates whether the child was enrolled in formal education any time after 2017. Covariates: Age, gender, months since arrival, family size, country of origin, education level of head of the household.

Table 16: Impact of having at least one birth certificate on households returning to South Sudan¹¹³

	(1)	(2)	(3)	(4)	(5)
Model	OLS	OLS + controls	PSM	CEM	NNM
VARIABLES	Dropout	Dropout	Dropout	Dropout	Dropout
Household birth certificate	0.151***	0.127***	0.151***	0.0728***	0.0762***
	(0.00300)	(0.00283)	(0.00301)	(0.00412)	(0.00491)
Observations	326,505	326,158	326,158	85,506	90,999
R-squared	0.008	0.149	0.008	0.004	
Sampled	NO	NO	NO	Yes 30%	Yes 30%
Control					72708
Treatment					18291

Standard errors in parentheses; *** p<0.01, ** p<0.05, * p<0.1

These results show that having at least one birth certificate in the household significantly increases the probability that a household returned to South Sudan between July and December 2019. The findings are once again highly significant, at the 1 per cent level. Households with birth certificates are therefore much more likely to return than similar households without birth documents.

Again, our models show that some bias is present, with the point estimates becoming smaller as we implement approaches designed to account for major sources of bias. This implies both that having a birth certificate increases a household's return probability and also that the kinds of households that have birth certificates are already more likely to return than the kinds of households that do not. There may be a number of explanations as to why we see such a finding – such as the fact that it is easier to reregister children who are not born in their home country upon return from displacement if they hold a formal document. Regardless, it is clear that these results challenge the perceived political risks of offering formal documentation to refugees – the notion that this will encourage them to remain in their host countries in the medium and longer term. These results unequivocally suggest that the opposite occurs.

Discussion

Overall, these results show that UNHCR engagement in humanitarian-development cooperation, which supported the Ethiopian Government in enabling refugees to register births, had clear, positive impacts on refugees (assuming that return to South Sudan was a voluntary, positive choice for the refugees concerned). Children who have birth documents are more likely to be enrolled in education

¹¹³ Analysis at the individual level, only South Sudanese sample. *Household birth certificate* is a dummy that indicates if the individual lives in a household where at least one person has a birth certificate. *Dropout* is a dummy that indicates whether the individual dropped out of the registry between July and December 2019. Covariates: Age, gender, months since arrival, family size, years of education.

than similar children who do not. It is possible that such findings might also extend across other outcomes, such as access to medical support, which we cannot capture in this report. Having birth documents also appears to play a role in supporting refugees to return home. In both cases, the statistical effects are strongly positive and significant, and they hold even when accounting for potential biases.

However, this analysis also shows that uptake of the opportunity to register births is very low. While it is rising over time, less than one fifth of newborn children in 2019 received birth certificates. It is unclear whether this is due to barriers in accessing these documents, or whether parents do not fully understand the potential benefits of having them. This suggests that there is still work for UNHCR to do in order to fully realize the benefits of refugees' ability to register births. UNHCR first needs to understand why uptake is low. Should it be due to a lack of awareness of the benefits, UNHCR should then develop educational or public awareness programmes to encourage greater uptake. However, should it be low due to other institutional barriers, then work is needed to further reduce these blockages.

A5.4.2 Exploratory results on the out-of-camp policy

Key takeaways

- Preliminary results indicate having an out-of-camp permit is associated with lower levels of education enrolment for children and lower employment status among adults.
- A potential reason for this is that refugees living outside camps have less access to the support offered inside of camps by UNHCR and its partners, but results may be skewed due to out-of-camp permit holders not participating in the registration exercise.
- Results suggest food for thought for future research as there is insufficient data to make rigorous comparisons.

Data

As discussed above, another policy change related to UNHCR engagement in humanitarian-development cooperation is the Ethiopian Government's pledge to extend the out-of-camp policy, which formally allows refugees to live outside of camps, to a larger number of refugees. According to the L3 data set, only a small number of individuals (just over 900) had an out-of-camp permit at the end of 2019. Moreover, our attempts to create matching regimes performed poorly.¹¹⁴ Therefore, the analysis does not yield any insights into causal relationships or outcomes of the policy change. Instead, we present preliminary results as food for thought and as guidance for potential future analyses.

¹¹⁴ Specifically, these permits are common among refugees who are members of particularly small populations in Ethiopia, among whom a large proportion of the population has this permit (e.g. refugees from Yemen, among whom almost half of the population has the permit; or those from Iraq, of whom two thirds have the permit). This means that the pool of possible matches is quite small, resulting either in poor matches (and consequently poor balance between the groups) or the exclusion of individuals in the treatment group from the analysis.

Methods and results

We attempted to assess the impact of refugee households having the right to live outside of a camp on children's enrolment in education and on the employment status of household members. As with other analyses, we conducted OLS, OLS with controls, PSM, CEM and NNM analyses (Tables 17 and 18). Since only a small number of refugee households have such a permit and these households belong to very specific demographic groups of refugees, rigorous comparisons between treatment and control groups are impossible. However, the tentative results are interesting and make a strong case for monitoring the situation carefully. Among the households captured in the database, having an out-of-camp permit is associated with lower levels of children's enrolment in education and lower employment status among adults.

Table 17: Exploratory analysis of the impact of the right to live outside of camps on educational enrolment¹¹⁵

	(1)	(2)	(3)	(4)	(5)
Model	OLS	OLS + controls	PSM	CEM	NNM
VARIABLES	Enrolled after 2017	Enrolled after 2017	Enrolled after 2017	Enrolled after 2017	Enrolled after 2017
Right to live outside of camps	-0.0846***	-0.0846***	-0.0846***	-0.0413***	-0.0902***
	(0.00689)	(0.00689)	(0.00689)	(0.00559)	(0.00151)
Observations	692,768	692,768	692,767	81,850	140,016
R-squared	0.000	0.000	0.000	0.001	
Sampled	NO	NO	NO	Yes 20%	Yes 20%
Control					138188
Treatment					1828

Standard errors in parentheses; *** p<0.01, ** p<0.05, * p<0.1

¹¹⁵ Analysis at the individual level for only children between 4 and 11; sample includes all origin countries. *Right to live outside of the camp* is a dummy that indicates if the individual has a permit to live outside of the camp. *Enrolled after 2017* is a dummy that indicates whether the child was enrolled in formal education any time after 2017. Covariates: Age, gender, months since arrival, family size, country of origin, education level of head of the household.

Table 18: Exploratory analysis of the impact of the right to live outside of camps on employment status¹¹⁶

	(1)	(2)	(3)	(4)	(5)
Model	OLS	OLS + controls	PSM	CEM	NNM
VARIABLES	Occupied	Occupied	Occupied	Occupied	Occupied
Right to live outside of camps	-0.0672***	-0.0672***	-0.0672***	-0.0246***	-0.0631***
	(0.00646)	(0.00646)	(0.00646)	(0.00500)	(0.0111)
Observations	692,768	692,768	692,767	79,571	140,016
R-squared	0.000	0.000	0.000	0.000	
Sampled	NO	NO	NO	Yes 20%	Yes 20%
Control					138188
Treatment					1828

Standard errors in parentheses; *** p<0.01, ** p<0.05, * p<0.1

Discussion

The available data do not allow us to draw firm conclusions. One interpretation is that refugees who live outside of camps have less access to the kinds of support that refugees inside of camps receive from UNHCR and its partners, and are therefore worse off. Another interpretation is that the data set has an inherent bias. Prior to conducting the L3 registration exercise, both UNHCR and the Government of Ethiopia assumed that the number of refugees in Ethiopia was significantly higher (over 900,000 refugees had been registered prior to the re-registration exercise). Refugees who live outside of camps and do not require assistance from UNHCR and its partners may have been less likely to participate in the registration exercise. If that were the case, the data would show out-of-camp refugees to be worse off than they are in reality. One way of addressing this analytical gap would be for UNHCR to conduct additional analyses and – where necessary – collect additional data to verify which of these explanations holds true, particularly as the policy is expanded to other, larger groups of refugees.

¹¹⁶ Analysis at the individual level; sample includes all origin countries. *Right to live outside of the camp* is a dummy that indicates if the individual has a permit to live outside of the camp. *Occupied* is a dummy that indicates whether the individual declared to be employed in Ethiopia. Covariates: Age, gender, months since arrival, family size, country of origin, education level of head of the household.

A5.4.3 Efforts to integrate education services

Key takeaways

- There are fewer teachers with formal qualifications working in lower grades (Cycle 1) than in higher grades (Cycle 2), which may weaken educational foundations, limit later educational capacities and influence later decisions on whether to stay enrolled.
- This also means that, due to the high dropout between cycles, less children are benefiting from formally qualified teachers.
- Smaller schools tend to have a higher proportion of qualified teachers, especially in Cycle 1, creating inequalities in access to quality education.
- There are no significant variations in the proportion of qualified teachers between regions, except for the region of Assosa, which is being left behind.
- Smaller schools and those with higher grades (meaning more advanced offer of education) benefit more from the policy efforts to strengthen teachers' formal qualifications.

In this section, we present analyses to understand the implementation of a programme that aims to strengthen formal teacher qualifications. Due to the data limitations explained above, we rely solely on school-level data and on simpler statistic methods.

Data

We relied on official, primary school-level data from ARRA that offer a snapshot for the academic year ending in June 2019. We focused on one key variable – the proportion of teachers who have, at a minimum, an official Ethiopian Ministry of Education diploma. In primary schools in refugee-hosting areas, where teachers are often not formally qualified, this represents an important step as part of a broader effort to harmonize and ultimately integrate education systems for refugees and for host communities.

We analysed variations in this variable. Specifically, we were interested in the distribution of qualified teachers across grades, across schools and geographic areas, and across schools of different sizes. These analyses shed light on which kinds of children are more, and which are less, likely to benefit from the effort to increase the number of qualified teachers.

Firstly, in order to understand which grades have more qualified teachers, we compared Cycle 1 (grades 1–4) with Cycle 2 (grades 5–8), a standard differentiation in Ethiopian primary schools. Cycle 1 includes basic, foundational classes. Cycle 2 covers more advanced forms of primary education. We looked at the proportion of all teachers in each cycle within each school who have a formal qualification. Secondly, we tested the variation in the proportion of teachers with a formal qualification as a proportion of all teachers across six refugee camps in Ethiopia: Assosa, Gambella, Jijiga, Melkadida, Semera and Shire. Finally, again across each cycle, we looked for simple correlations between the number of students enrolled and the proportion of teachers with a formal qualification.

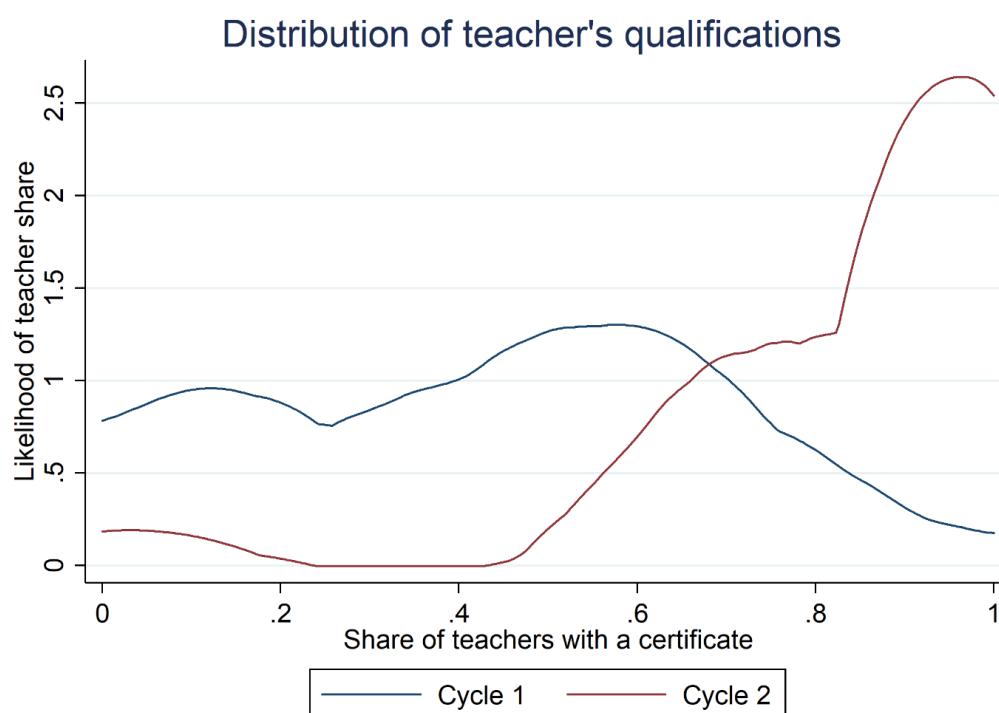
Methods

There are a relatively small number of primary schools in the sample (roughly 60), meaning that opportunities to conduct robust regression analyses were minimal. Instead, we relied on a range of data inspection and simple correlational studies. It is worth noting that our purpose here is not to present strong, robust outcome results, but rather to provide an understanding of the policy's launch and implementation, as well as what this might say about its potential effects and the variations in these effects between schools, educational levels and locations. In total, 58 per cent of teachers at the schools in the ARRA data set hold a certificate diploma from the College of Teacher Education at a minimum. We used t-test comparisons to analyse the distribution of teachers with certificates across schools and educational levels.

Results

The analysis shows that there is significant variation in the proportion of teachers with formal qualifications between cycles and across schools. Figure 15 shows that in Cycle 2 (grades 5–8), many schools only employ teachers with formal Ministry of Education (MoE) qualifications. In Cycle 2, there are almost no schools where less than half of teachers lack MoE qualifications. In a majority, 80 per cent or more of teachers have the qualification. By contrast, very few schools have high proportions of qualified teachers in Cycle 1 (grades 1–4); in many, fewer than half of the teachers hold this qualification and almost none are fully integrated.

Figure 15: Proportion of teachers with an MoE-recognized qualification by school cycle



In some respects, this can be explained by the belief that foundational education can more easily be taught by non-specialists, and that, as the learning level becomes more advanced, more specialized teachers may be required. A weak foundation, however, limits later educational capacities. In the circumstances which this study analyses, many children only complete a few years of education. This suggests that only a certain subsection of children (those who remain in education longer) will benefit from a programme implemented in this way. Particularly in a situation in which the quality of foundational education might influence decisions on whether to remain enrolled later on, this pattern of programme implementation could have a wide range of adverse effects.

Furthermore, in Figure 16, we analyse regional variations in teacher qualification levels, following the data set in using UNHCR/ARRA sub-offices as area designations. The variation between regions is more pronounced in Cycle 1 as compared to Cycle 2. While the regional share of qualified teachers varies from just under 10 per cent to just under 80 per cent in Cycle 1, in Cycle 2 it ranges from 70 per cent to 98 per cent. Thus, we see no real sign of differences across regions in Cycle 2, but in Cycle 1 some regions (namely Assosa) are left behind in terms of the proportion of teachers with an MoE qualification as compared to other regions.

Regarding variations within regions, the same figure shows that there are differences between schools across all regions. In every region, it is possible to find schools in which all or almost all of the teachers are qualified and other schools in which none or almost none of the teachers are qualified. Interregional variation is also more evident in Cycle 1 than in Cycle 2. In some regions, the relative number of qualified teachers is more evenly distributed – e.g. Jijiga or Melkadida – while in others it is not – e.g. Gambella or Assosa. Depending on how the allocation of qualified teachers is decided, this suggests that some schools are relatively 'left behind' in some regions.¹¹⁷ By contrast, the more narrow distribution of teachers with qualifications in other regions suggests a relatively even implementation across schools within these regions.

Finally, we look at whether the proportion of qualified teachers varies according to the number of children in schools (and, by proxy, in each class).¹¹⁸ We visualize these results in Figure 17. On the left-hand side, we show the correlation for Cycle 1, and for Cycle 2 on the right.

In the case of Cycle 1, we see a negative correlation between school size and the proportion of teachers with the MoE qualification. In other words, smaller schools tend to have higher proportions of MoE-qualified teachers. Consequently, teachers with the MoE qualification are disproportionately distributed in schools with fewer pupils, which runs the risk of reinforcing inequalities in access to education. We would expect children in smaller schools to do better as they are more likely to receive instruction from an MoE-qualified teacher. All other things remaining equal, those with a prior advantage are also benefitting from the way this policy and programme have been implemented; this

¹¹⁷ Of course, an alternative explanation is that the policy is implemented 'school-to-school' – that is, each wave of implementation aims to fully integrate a subset of schools, with no changes implied in other schools until the next wave of implementation. Longitudinal school-level data would help to unpack these dynamics.

¹¹⁸ This builds on the long-held understanding that children do better in smaller class sizes; see G. V. Glass, M. L. Smith, "Meta-analysis of research on class size and achievement", *Educational Evaluation and Policy Analysis* 1, no. 1 (1979): 2–16.

requires further consideration. By contrast, we see almost no variation in Cycle 2. Conditional on reaching Cycle 2 (which, of course, might well be conditional on the quality of education in Cycle 1), policy implementation appears much more even across school types.

Figure 16: Regional variations in teacher qualifications

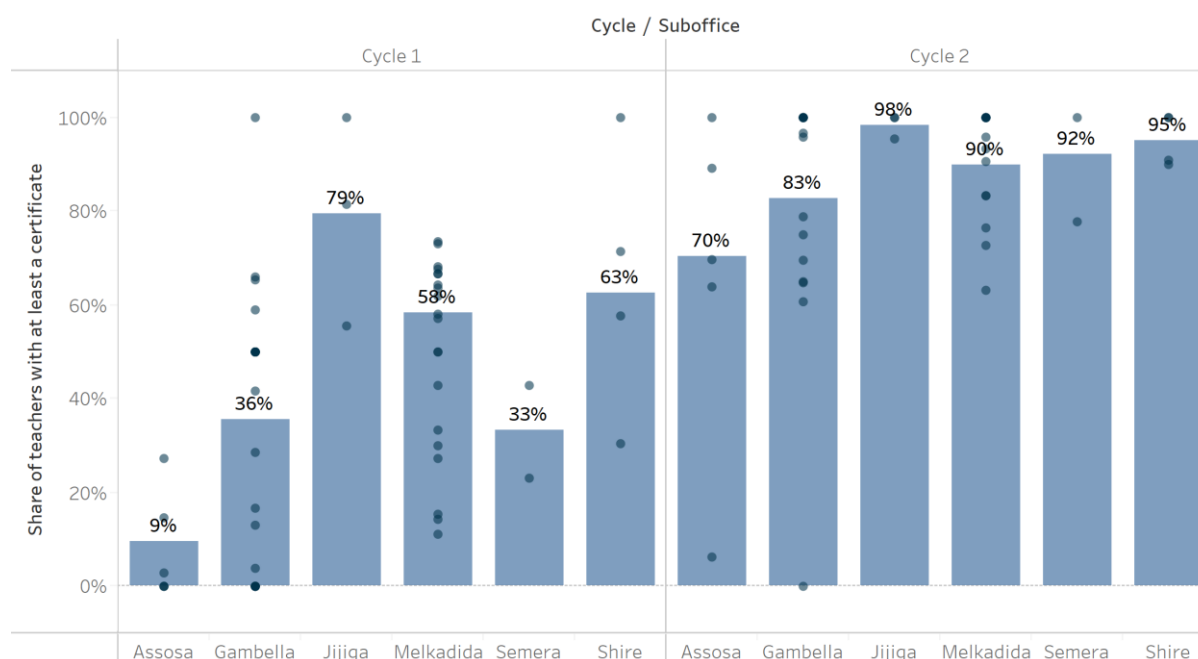
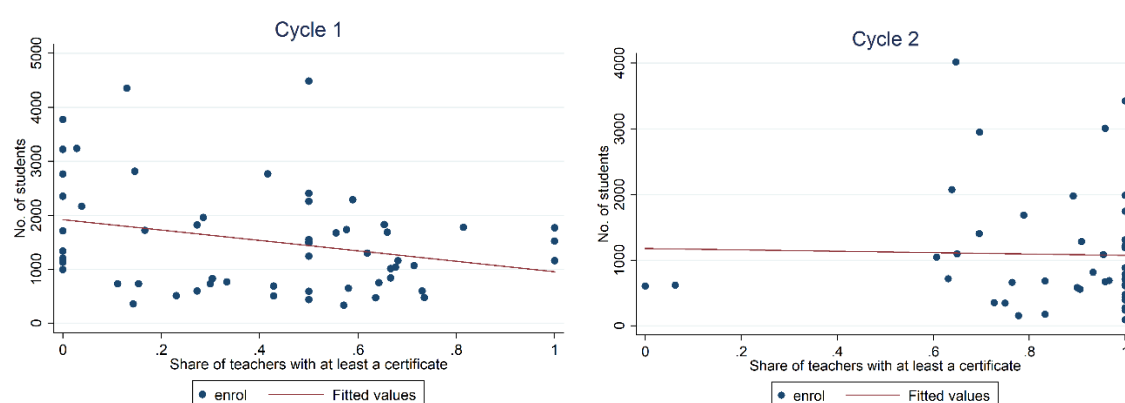


Figure 17: Correlation of number of students enrolled with teacher qualifications in Cycle 1 and Cycle 2



Discussion

Data limitations prevent us from conducting a meaningful impact analysis of efforts to increase the number of formally qualified teachers in refugee schools. However, the findings still have important implications, particularly if we assume that more qualified teachers improve education outcomes. Firstly, children in foundation classes are less likely to have the opportunity to learn from more qualified teachers. This is particularly important, since the quality of education in Cycle 1 might influence how many children continue their education in Cycle 2, and because children from more vulnerable backgrounds are more likely to attend only Cycle 1 in general. In addition, teachers with

MoE qualifications tend to cluster in smaller schools in Cycle 1. This implies that those who might already benefit from more teacher attention also benefit from more formally qualified teachers, which reinforces inequality.

Finally, with the exception of Assosa, there are no real signs of regional inequalities when it comes to strengthening teacher qualifications. The fact that Assosa is in danger of being left behind should be addressed. At the same time, the data also seem to suggest that implementation modalities vary across regions. Some regions seem to prefer to focus on integrating entire schools, while others seem to prefer gradual integration across schools. The data do not allow us to draw any conclusions on which of these approaches is preferable.

A5.4.4 Cash and in-kind assistance

Key takeaways

- There is no evidence that children from households receiving assistance are more likely to be enrolled in education.
- Adult members of households receiving either type of assistance are more likely to be employed than those who do not receive any assistance, which implies that these types of assistance do not create aid dependency.
- Receiving assistance has a positive effect on the likelihood of South Sudanese refugees returning to South Sudan.
- In general, we found that cash is better placed to deliver a range of humanitarian and development outcomes than in-kind assistance.
- We find evidence indicating that recipients of assistance are, on average, relatively better off than the refugee population as a whole, which suggest that targeting can be improved.

In this analysis, we seek to understand two things: firstly, whether households that receive cash or in-kind support from UNHCR and its partners¹¹⁹ exhibit better outcome indicators than those that receive no support; and secondly, whether one form of assistance consistently has a stronger impact than the other. As noted above, in-kind and cash assistance, narrowly defined, are not an example of UNHCR cooperating with development actors. However, this example relates to the broader debate on the humanitarian-development nexus. Cash is considered a more development-oriented aid modality than in-kind assistance, and therefore provides an interesting example of UNHCR transforming its own operations to be more development-oriented. This could point to potential opportunities for expanding cooperation with development actors on cash assistance.

¹¹⁹ In the data set, these are mutually exclusive categories – that is, if households receive any form of assistance, it is either cash or in-kind assistance. No household receives both cash and in-kind support.

Data

The L3 data set indicates whether a household had additional sources of income (either in-kind or cash) from UNHCR in the last year. This is a household-level variable, and thus we coded the receipt of assistance variables as 1 for all members of households that receive this form of assistance and 0 for all members of households that do not. We sought to analyse the impact of receiving in-kind or cash assistance on children's enrolment in education, on adults' employment status and on the probability of families returning to South Sudan.

To test the impact of receiving assistance on enrolment, we looked at a subset of data for children aged 4 to 18. This captures children from their earliest possible entry into preschool until the end of secondary education. We focused on a subset of adults aged 18 to 59 to test whether these forms of assistance impact employment. To analyse return, we focused on a family-level data set of South Sudanese refugees.

Methods

Only a minority (around 7.5 per cent) reported receiving one of the two forms of additional assistance from UNHCR, with almost 14,000 refugees indicating that they received cash as an additional source of income and just over 3,000 indicating in-kind assistance. Compared to the average across the refugee population, receiving assistance is more common among South Sudanese (14 per cent) and less common among Eritreans (5 per cent).

This opens up the possibility that those who receive support are somehow different from those who do not. This may have consequences for the composition of the treatment and control groups, as, for example, one might expect that a well-targeted assistance programme would benefit the most vulnerable members of the population. In this case, those with high vulnerability – and presumably worse outcomes – would appear more frequently in the treatment group. This entails the risk that the treatment appears to make things worse, which is not the case in reality.

As above, to test the potential of structural selection bias, we ran a simple binary regression model on factors that influence whether households receive either form of assistance. As Table 19 shows, households that receive assistance tend to have older heads of household, who are more highly educated but less likely to have received any education since coming to Ethiopia and tend to have been in Ethiopia for a shorter period of time. The probability of receiving cash as compared to in-kind assistance also differs across these variables. For example, recipients of in-kind assistance are more likely to have received education in Ethiopia and recipients of cash are less likely. Similarly, recipients of cash are less likely to be occupied in Ethiopia and those who receive in-kind are more likely. These findings raise some concerns about targeting for these forms of additional assistance, which may require further discussion.

Table 19: Determinants for receiving cash or in-kind assistance¹²⁰

	(1)	(2)	(3)
VARIABLES	Assistance	Cash	In-kind
Age	0.000226*** (2.90e-05)	0.000193*** (2.62e-05)	3.29e-05** (1.30e-05)
Months since arrival	-0.000493*** (9.94e-06)	-0.000411*** (9.00e-06)	-8.19e-05*** (4.45e-06)
Male	0.000942 (0.000804)	0.00193*** (0.000727)	-0.000988*** (0.000360)
Family Size	0.00525*** (0.000162)	0.00456*** (0.000147)	0.000691*** (7.25e-05)
Has received formal education in Ethiopia	-0.0174*** (0.00136)	-0.0211*** (0.00123)	0.00378*** (0.000610)
Has received at least one year of education	0.0110*** (0.00133)	0.0118*** (0.00120)	-0.000829 (0.000595)
Occupied in Ethiopia	-0.0111*** (0.00171)	-0.0127*** (0.00155)	0.00163** (0.000767)
Observations	326,158	326,158	326,158
R-squared	0.013	0.012	0.001

Standard errors in parentheses; *** p<0.01, ** p<0.05, * p<0.1

As in previous analyses, we ran a series of different matching models to compare individuals in the treatment group with similar individuals in the control group. The approach here is identical, using the same matching variables as those previously described for the analyses relating to birth certificates.

Results

Firstly, we looked at the impact of living in a household that receives cash assistance on the probability that children are enrolled in education. In this analysis, we compared households that receive cash assistance to households that receive no assistance. We visualized these results in Table 20, and columns (1) – (5) show different models ranging from the least robust (column (1)) to the most robust (column (5)). These results suggest a negative correlation between receiving cash and the probability that a child is enrolled in education, but no causal impact from receiving cash in and of itself. In other words, children in households that receive cash assistance are no more likely to be enrolled than those from similar households that do not receive cash support. At the same time, children in households that receive any kind of assistance are less likely to be enrolled in education than the population as a whole.

¹²⁰ Analysis at the individual level, only South Sudanese sample. *Assistance*, *cash* and *in-kind* are dummies that indicate if the individual's family received any type of assistance, cash assistance or in-kind assistance, respectively. Covariates: Age, gender, months since arrival, family size, years of education.

Table 20: Impact of receiving cash assistance on children's educational enrolment¹²¹

	(1)	(2)	(3)	(4)	(5)
Model	OLS	OLS + controls	PSM	CEM	NNM
VARIABLES	Enrolled after 2017	Enrolled after 2017	Enrolled after 2017	Enrolled after 2017	Enrolled after 2017
Cash	-0.0544***	-0.0292***	-0.0545***	-0.0327***	-0.00298
	(0.00252)	(0.00245)	(0.00253)	(0.00231)	(0.00805)
Observations	323,310	323,310	322,963	97,849	106,440
R-squared	0.001	0.001	0.001	0.002	
Sampled	NO	NO	NO	Yes 30%	Yes 30%
Control					92802
Treatment					13638

Standard errors in parentheses; *** p<0.01, ** p<0.05, * p<0.1

Table 21 shows the results of the same analysis with regard to in-kind assistance. Children in households that receive in-kind support are less likely to be enrolled in education than children across the population as a whole. However, receiving in-kind support further reduces the probability of children being enrolled in education. In other words, children in households that receive in-kind support are less likely to attend school than those in similar households who do not receive in-kind assistance. We were not able to find a clear or obvious explanation for this within our analysis and recognize this finding requires further research.

Next, we sought to compare the marginal effects identified in these two analyses to test whether one or the other form of assistance has a stronger impact on outcomes. In Figure 18, we conducted a simple t-test of the coefficient scales. This confirms that the negative effect of cash on children's enrolment in education is significantly smaller (to the point of being statistically insignificant) than the negative effect of in-kind assistance.

We conducted similar analyses to test the impact of each kind of assistance on the probability that adults are employed. We show the results for cash in Table 22 and for in-kind assistance in Table 23. The results show that adults from households that receive cash are more likely to be working than similar adults from households that receive no assistance. In other words, the receipt of cash does not create aid dependency, but actually supports beneficiaries in seeking work. Beneficiaries could thus potentially 'graduate' from these kinds of assistance programmes.

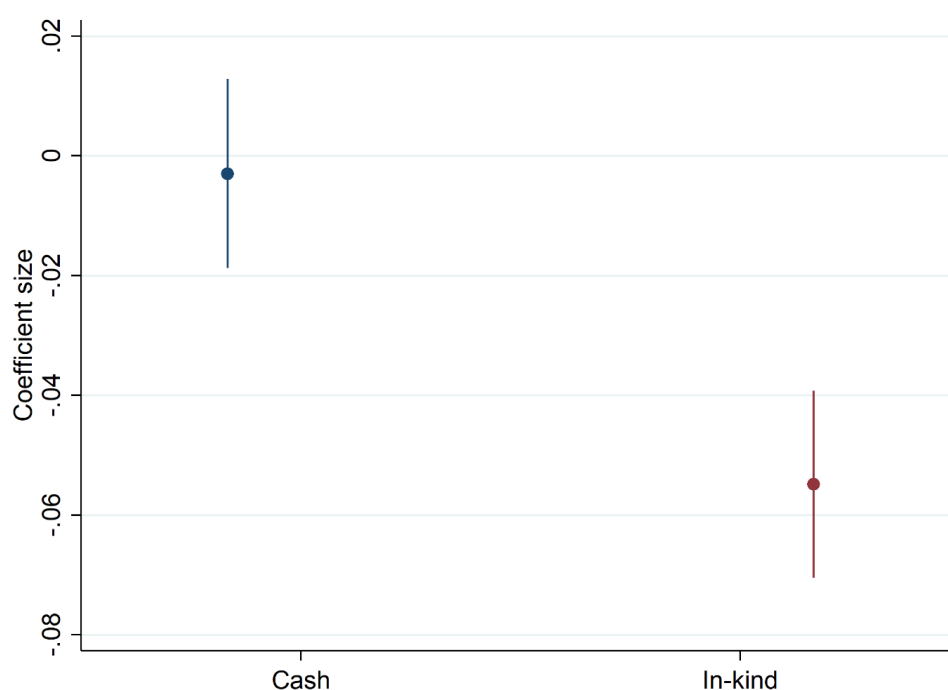
¹²¹ Analysis at the individual level, only South Sudanese sample. *Cash* is a dummy that indicates if the individual's family received cash assistance. *Enrolled after 2017* is a dummy that indicates whether the child was enrolled in formal education any time after 2017. Covariates: Age, gender, months since arrival, family size, years of education.

Table 21: Impact of receiving in-kind assistance on children's educational enrolment¹²²

	(1)	(2)	(3)	(4)	(5)
Model	OLS	OLS + controls	PSM	CEM	NNM
VARIABLES	Enrolled after 2017	Enrolled after 2017	Enrolled after 2017	Enrolled after 2017	Enrolled after 2017
In-kind	-0.0788***	-0.0653***	-0.0789***	-0.0728***	-0.0549***
	(0.00517)	(0.00500)	(0.00517)	(0.00503)	(0.00797)
Observations	312,865	312,865	312,520	84,403	95,999
R-squared	0.001	0.001	0.001	0.002	
Sampled	NO	NO	NO	Yes 30%	Yes 30%
Control					92804
Treatment					3195

Standard errors in parentheses; *** p<0.01, ** p<0.05, * p<0.1

Figure 18: Comparison of the effects of receiving cash vs. in-kind assistance on the probability that children are enrolled in education



¹²² Analysis at the individual level, only South Sudanese sample. *In-kind* is a dummy that indicates if the individual's family received in-kind assistance. *Enrolled after 2017* is a dummy that indicates whether the child was enrolled in formal education any time after 2017. Covariates: Age, gender, months since arrival, family size, years of education.

We see a similar result for in-kind assistance. Individuals in households who receive in-kind assistance are more likely to be employed than comparable individuals who receive no assistance. This indicates that in-kind assistance does not create aid dependency either. Moreover, we see no statistical difference between the positive coefficients for cash and in-kind assistance (Figure 19), even though the marginal effect of receiving cash is nominally larger. This suggests that neither form of assistance is better suited for boosting employment than the other.

These results also show that those who receive cash are less likely to be employed than the population as a whole, while those who receive in-kind support are equally as likely to be employed as the population as a whole. One potential explanation for these is that, in the case of Ethiopia, the cash programme might be better targeted than the in-kind programme, although there may be other factors that explain the variance we observed.

Table 22: Impact of cash assistance on adult employment¹²³

	(1)	(2)	(3)	(4)	(5)
Model	OLS	OLS + controls	PSM	CEM	NNM
VARIABLES	Occupied	Occupied	Occupied	Occupied	Occupied
Cash	-0.0134***	-0.0134***	-0.0135***	-0.00789***	0.0387***
	(0.00222)	(0.00222)	(0.00223)	(0.00223)	(0.00684)
Observations	323,310	323,310	322,963	102,489	106,422
R-squared	0.000	0.000	0.000	0.000	
Sampled	NO	NO	NO	Yes 30%	Yes 30%
Control					92784
Treatment					13638

Standard errors in parentheses; *** p<0.01, ** p<0.05, * p<0.1

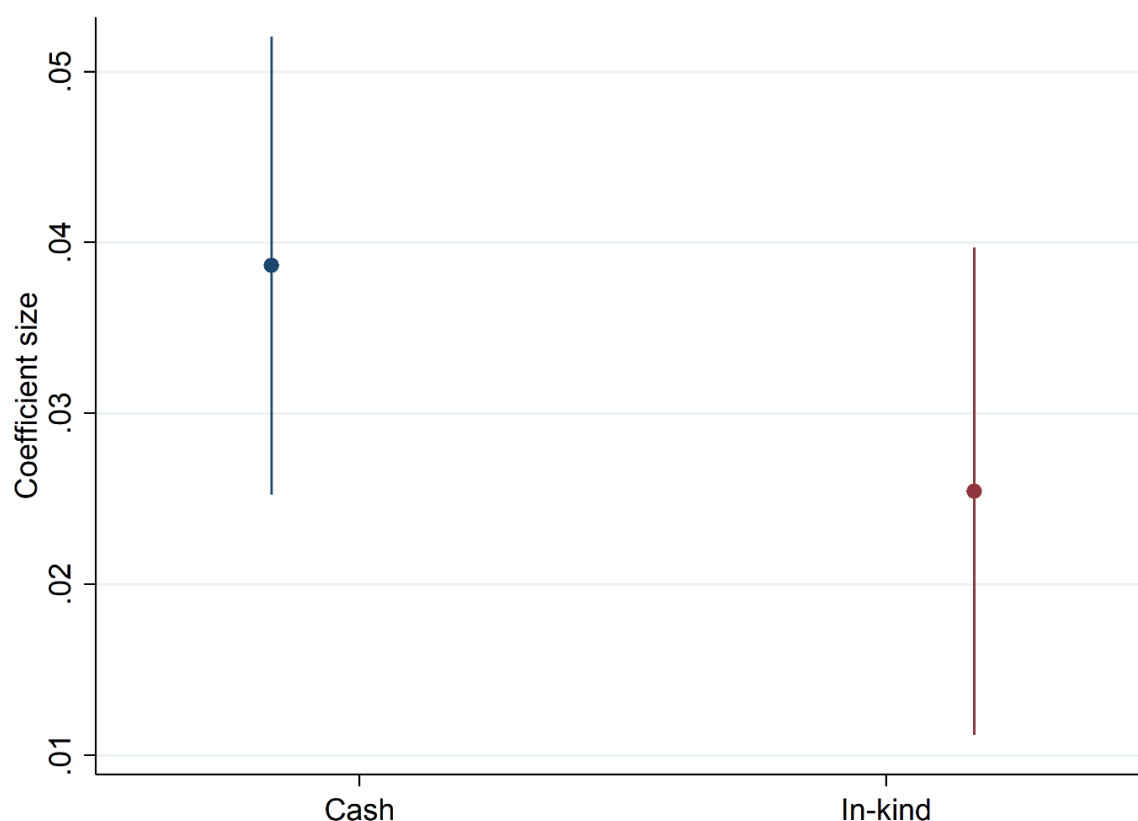
¹²³ Analysis at the individual level, only South Sudanese sample. *Cash* is a dummy that indicates if the individual's family received cash assistance. *Occupied* is a dummy that indicates whether the individual declared to be employed in Ethiopia. Covariates: Age, gender, months since arrival, family size, years of education.

Table 23: Impact of in-kind assistance on adult employment¹²⁴

	(1)	(2)	(3)	(4)	(5)
Model	OLS	OLS + controls	PSM	CEM	NNM
VARIABLES	Occupied	Occupied	Occupied	Occupied	Occupied
In-kind	0.00135	0.00135	0.00128	0.00548	0.0254***
	(0.00454)	(0.00454)	(0.00454)	(0.00447)	(0.00728)
Observations	312,865	312,865	312,520	86,784	96,000
R-squared	0.000	0.000	0.000	0.000	
Sampled	NO	NO	NO	Yes 30%	Yes 30%
Control					92805
Treatment					3195

Standard errors in parentheses, *** p<0.01, ** p<0.05, * p<0.1

Figure 19: Comparison of the effects of cash vs. in-kind assistance on adult employment



¹²⁴ Analysis at the individual level, only South Sudanese sample. *In-kind* is a dummy that indicates if the individual's family received in-kind assistance. *Occupied* is a dummy that indicates whether the individual declared to be employed in Ethiopia. Covariates: Age, gender, months since arrival, family size, years of education.

Finally, we looked at the impact each kind of assistance has on the probability of return for South Sudanese refugees.

Tables 24 and 25 both show a positive, significant impact of receiving assistance on refugees' return to South Sudan. In other words, those who receive either cash or in-kind assistance are more likely to return to their country of origin than those who do not receive any assistance. Moreover, this effect remains valid and statistically highly significant in the most robust specification, meaning that those who receive assistance are more likely to return than otherwise identical households who receive no assistance. As Figure 20 demonstrates, the scale of this effect is significantly larger for cash assistance than for in-kind assistance. This suggests that cash-based support does not seem to lead refugees to remain in country, and it can better assist them in returning to their countries of origin than in-kind assistance.

Table 24: Impact of cash assistance on return¹²⁵

	(1)	(2)	(3)	(4)	(5)
Model	OLS	OLS + controls	PSM	CEM	NNM
VARIABLES	Dropout	Dropout	Dropout	Dropout	Dropout
Cash	0.669***	0.599***	0.669***	0.634***	0.216***
	(0.00358)	(0.00335)	(0.00358)	(0.00387)	(0.00494)
Observations	323,310	322,963	322,963	104,401	106,437
R-squared	0.097	0.219	0.097	0.204	
Sampled	NO	NO	NO	Yes 30%	Yes 30%
Control					92799
Treatment					13638

Standard errors in parentheses; *** p<0.01, ** p<0.05, * p<0.1

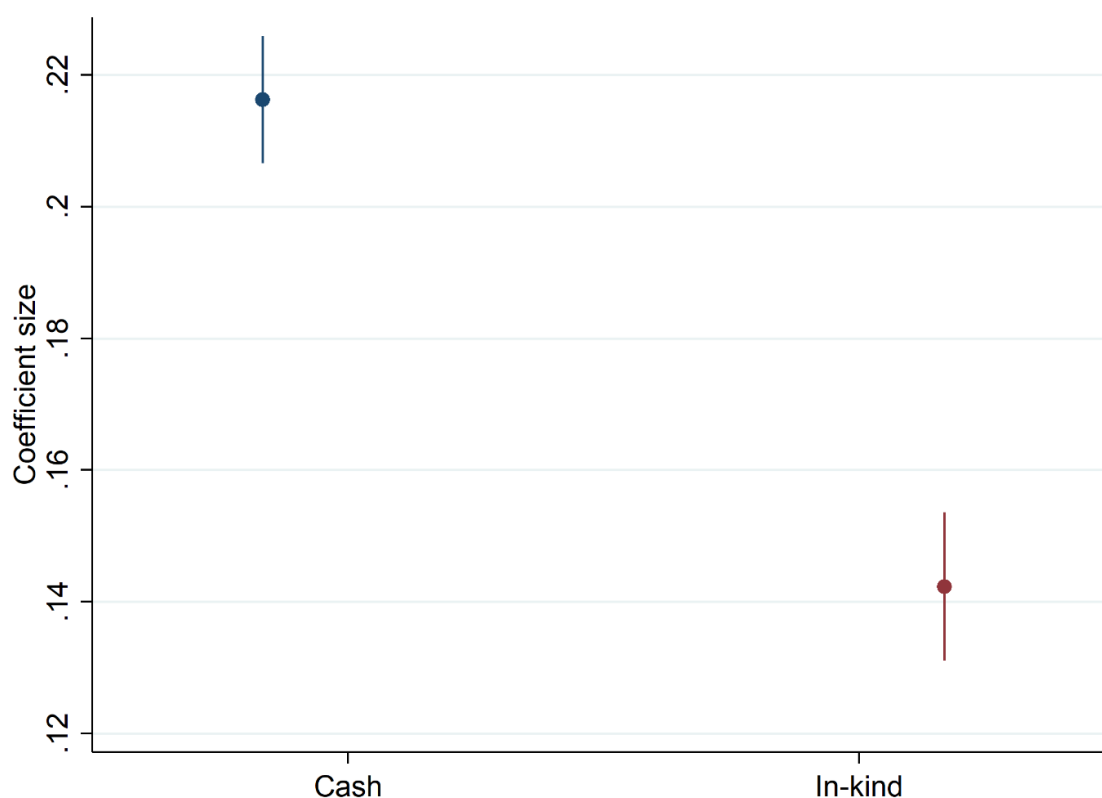
¹²⁵ Analysis at the individual level, only South Sudanese sample. *Cash* is a dummy that indicates if the individual's family received cash assistance. *Dropout* is a dummy that indicates whether the individual dropped out of the registry between July and December 2019. Covariates: Age, gender, months since arrival, family size, years of education.

Table 25: Impact of in-kind assistance on return¹²⁶

	(1)	(2)	(3)	(4)	(5)
Model	OLS	OLS + controls	PSM	CEM	NNM
VARIABLES	Dropout	Dropout	Dropout	Dropout	Dropout
In-kind	0.358***	0.313***	0.357***	0.267***	0.142***
	(0.00736)	(0.00686)	(0.00736)	(0.00835)	(0.00575)
Observations	312,865	312,520	312,520	88,286	95,999
R-squared	0.007	0.139	0.007	0.011	
Sampled	No	No	No	Yes 30%	Yes 30%
Control					92804
Treatment					3195

Standard errors in parentheses; *** p<0.01, ** p<0.05, * p<0.1

Figure 20: Comparison of the effects of cash vs. in-kind assistance on return



¹²⁶ Analysis at the individual level, only South Sudanese sample. *In-kind* is a dummy that indicates if the individual's family received in-kind assistance. *Dropout* is a dummy that indicates whether the individual dropped out of the registry between July and December 2019. Covariates: Age, gender, months since arrival, family size, years of education.

Discussion

It may be unsurprising to find that providing humanitarian assistance boosts outcomes. What is perhaps less expected is that providing assistance does not have a clear, positive impact on children's enrolment in education – and even negatively relates with enrolment in the case of in-kind assistance. It is also noteworthy that these forms of assistance – which are often considered relatively short-term measures – boost outcomes that are relevant for refugees' long-term situations. In particular, we see evidence that assistance increases refugees' probability of being employed. This suggests that these programmes not only help in the short term, but provide the opportunity for individuals to 'graduate' out of such assistance, thus challenging common assumptions about the negative externalities these programmes might entail.

We also see evidence that assistance increases the likelihood of refugees returning to their countries of origin. While there is an expectation by some that refugees are likely to stay longer in areas where they receive assistance, our findings demonstrate that this is not necessarily true – at least for South Sudanese refugees in Ethiopia. Migration is not without costs, and a lack of resources often constrains those who might otherwise desire to move. Cash allows individuals to support themselves, and also potentially to save and afford the return journey. To some degree, in-kind provision does the same, but such assistance is less fungible. While both kinds of assistance support the decision to return, we can intuitively observe why the impact of cash would be greater.

In combination with the other findings presented above, we found that cash is better placed to deliver a range of humanitarian and development outcomes than in-kind assistance. It has stronger positive effects on both employment and return than in-kind assistance, and it lacks the negative effects on children's enrolment in education associated with in-kind assistance. UNHCR could therefore seek to expand the use of cash-based assistance in Ethiopia and elsewhere and should explore opportunities for cooperating with development actors in doing so.

At the same time, the analysis raises some questions about targeting. The analysis of who receives the additional sources of income (cash and in-kind assistance) that are captured in the data set shows that those who receive this type of assistance are, on average, relatively better off than the refugee population as a whole. This means that these forms of assistance do not appear to reach those who need the assistance most, as there are populations apparently not reached by either kind of assistance.

A5.5 Overall conclusions

With regard to the examples of cooperation chosen for this analysis, the quantitative analyses presented in this Annex show that UNHCR engagement in humanitarian-development cooperation has generated positive outcomes for refugees in Ethiopia. Greater access to birth registration has positive socioeconomic impacts and does not hinder families from returning to their countries of origin.

Similarly, cash transfers (as a more development-oriented assistance modality) have more positive effects on socioeconomic indicators, as well as on returns, than in-kind assistance.

At the same time, the analyses raise a number of questions regarding the implementation of key policies and programmes – questions which require careful monitoring (and potential adjustment) on the part of UNHCR. Different types of schools benefit unevenly from efforts to increase the number of formally qualified teachers, with smaller schools and grades 5–8 benefitting more than larger schools and other grades. Similarly, the benefits of birth registration and additional assistance programmes seem to accrue disproportionately to households which are less vulnerable than others in certain respects. So far, the uptake of opportunities to register births has also been limited. Moreover, there are some indications that refugees living outside of camps could have less access to employment and education than refugees in camps.

The results presented in this Annex must also be understood in context. Firstly, the methods we use do not allow us to analyse forms of cooperation that lead to changes which affect all refugees – or all refugees in the same camp – in the same way. Therefore, we were only able to analyse the impacts of a small number of examples of cooperation, which limits the extent to which this research is generalizable. Secondly, the methods used demonstrate impacts for subsets of the population that look like the treatment group. This does not definitively suggest that we should expect the same results if similar programmes were implemented for the entire population. Outcomes might be different when similar programmes are applied to a different stratum of the refugee population.

Finally, these analyses demonstrate both the power and the limitations of using the UNCHR L3 registration data set. Creating a comprehensive record of refugees in Ethiopia is indeed a commendable effort. At the same time, given the complexity of collecting such data, it appears that more thought could have been given to additional uses of the data, such as those described in this report. The narrow range of variables included limits the range of outcomes we can understand, and the difficulty in mapping this data onto other data sources rendered some analyses impossible. While enabling quantitative impact analysis is not the main purpose of the L3 data set, it could nevertheless deliver much more with only minor modifications. At little or no cost, these modifications – such as fine-grained GPS information, a broader range of socioeconomic and attitudinal survey questions and more structured follow-ups – could make the data set much more useful to UNHCR partners and to other researchers.

Annex 6: Examples of cooperation

The following are examples of cooperation with different development actors from the four case study countries of this evaluation.

World Bank Group: Cooperation as facilitator and catalyst

Bangladesh	World Bank – IDA; ADB	The World Bank and the Government of Bangladesh signed a cooperation agreement for USD 500 million in April 2018 to support infrastructure, health, education and social protection programmes in refugee-hosting areas. The World Bank's early engagement is perceived to have encouraged other multilateral development donors to engage. The Asian Development Bank followed suit and allocated another USD 200 million to the refugee response. UNHCR facilitated their engagement by providing protection framework assessments as well as office space, transportation and security advice.
Ethiopia	World Bank – IDA	UNHCR's protection framework assessment supported greenlighting Ethiopia's eligibility for IDA funds. Among other things, these funds were used to support the Ethiopia Jobs Compact, an Ethiopian Investment Commission project funded by the World Bank, DFID, the European Union and the European Investment Bank (USD 650 million, mixed loan and grant funding). The compact seeks to improve the broader investment climate and economic performance, increase employment opportunities for host communities and refugees and enhance adherence to environmental and social standards.
Niger	IDA – project design and implementation	UNHCR cooperates with the World Bank and the government agency implementing the related programme to: (i) jointly develop different project interventions to support the out-of-camp policy; (ii) co-target beneficiaries in relevant project components; and (iii) provide technical support on tendering. During project implementation, UNHCR continues to provide logistical support and advice on priority intervention areas, based on its information/data on available services offered by both government and international actors. UNHCR is also a member of the national steering committee of the main World Bank project on forced displacement.
Jordan	World Bank	In Jordan, UNHCR provided data to a newly founded health sector humanitarian-development coordination group. The group supports the Jordanian Government in maintaining health service delivery and facilitating refugees' access to the public health system by creating a multi-donor account covering health-care subsidies and an emergency loan programme funded by the World Bank's Global Concessional Financing Facility and the Islamic Development Bank. In 2016, UNHCR also contributed to the design of a USD 300 million GCFF loan for the implementation of the Jordan Compact. One of the compact's centrepieces is improving Syrians' access to the labour market.

World Bank Group: Cooperation on advocacy

Ethiopia	World Bank	In Ethiopia, the Ethiopian Government's adoption of a new 2019 Refugee Proclamation (which is more favourable to refugee inclusion ¹²⁷) was supported by the joint efforts of UNHCR and its development partners, including the World Bank. In particular, the partners in the Ethiopia Jobs Compact flanked UNHCR's policy work with the government by specifying the adoption of the Proclamation as a precondition for starting the programme. More recently, UNHCR and the World Bank cooperated to support drafting directives to translate the Proclamation into practice.
Jordan	World Bank	UNHCR and ILO cooperate with the World Bank on policy work and advocacy with the Refugee Unit in the Jordanian Ministry of Labour regarding refugees' ability to work. This includes issues related to work permits for refugees – how many work permits would be granted for which sectors – as well as labour conditions in the garment sector and the treatment of refugees caught working without the appropriate permit.

EU: Direct implementation and facilitation

Jordan	MADAD Fund	UNHCR implements a multi-year intervention on social protection, funded by an EU Trust Fund. The project was designed to better align humanitarian cash assistance with national social protection systems (which, for domestic political reasons, do not include refugees), to support those national systems and to develop a pathway towards more self-reliance for people receiving humanitarian cash assistance. The plan was to graduate at least 6,000 Syrian refugees out of cash assistance by offering tailored services jointly with ILO, at the same time as 6,000 Jordanians graduate out of the national social protection system. This was intended to help develop common processes, a shared understanding of the selection criteria for graduation and, conversely, a better understanding of which segments of the population cannot be graduated out of cash assistance. While the intervention faces severe challenges due to the socioeconomic shock caused by COVID-19, multiple external interlocutors hailed it as an innovative way to implement the nexus.
Niger	EU Trust Fund	In refugee-hosting areas in Niger, UNHCR seeks to strengthen municipalities as primary service providers and to promote out-of-camp approaches through a programme funded by the EU Emergency Trust Fund for Africa. Targeted municipalities are acquiring plots of land (non-building areas) from private owners, transforming them – with technical assistance and capacity-building provided by UNHCR and its partners – into building areas and parcelling them out. These plots are then used for the municipality's public infrastructure, by the landowners, by individuals who buy them from the municipality (at an increased price, given the transformation) and for social housing for refugees, IDPs and vulnerable members of the host community. UNHCR also supports social housing construction as an economic activity for both the displaced and the local population, as well as the creation of a 'one-stop shop' bundle of available services for refugees. Finally, UNHCR assists the targeted municipalities in drafting development plans that link priority development goals to the revenue generated by selling plots of land. This intervention catalysed cooperation with additional partners in the private sector and served as a blueprint for other municipalities in different regions.

¹²⁷ Among other things, the Proclamation affords refugees the same treatment as Ethiopian nationals regarding access to pre-primary and primary education, available health services, justice and vital events registration, treatment regarding fiscal charges and special protection for vulnerable people.

Ethiopia	EU Trust Fund	In Ethiopia, UNHCR implements certain components of the Stimulating Economic Opportunities and Job Creation for Refugees and Host Communities Programme and provides advice on the design and implementation of others. The programme is funded by the EU Emergency Trust Fund for Africa. It focuses on easing the pressure on Ethiopia and enhancing refugees' self-reliance. It involves efforts to strengthen government institutions' capacity, to provide transitional support to refugees through the national Productive Safety Net Programme and to support the implementation of other pledges made by the Ethiopian Government.
Bilateral actors: Cooperation as facilitator and catalyst		
Ethiopia	GIZ	UNHCR supports the German Gesellschaft für internationale Zusammenarbeit (GIZ) in addressing bottlenecks related to regulations and permits – for example, by working with the national refugee agency to ensure that refugees participating in GIZ's technical trainings receive recognized certificates for these trainings.
Jordan	KfW, JICA	A concerted effort was made jointly with bilateral development actors to improve the energy infrastructure in an integrated manner. The Kreditanstalt für Wiederaufbau (KfW) provided EUR 15 million for a solar power plant in Zaatari camp, which was completed in November 2017. The plant is owned and operated by the national electricity company EDCO and is fully integrated into the national grid. Select refugees were employed during construction. Moreover, KfW and JICA both supported training for some 150 refugees as solar engineers/electricians in UNHCR-operated camps.
Bilateral actors: Cooperation for service integration/expanding support for self-reliance		
Ethiopia	KfW	Funded by KfW, UNHCR implements integrated water and sanitation projects for refugees and host communities.
Niger	GIZ	Supported by GIZ, UNHCR has begun to replicate the EU-funded intervention model on land reallocation and social housing in another region in Niger. This intervention is intended to facilitate the closure of camps currently hosting refugees from Mali.
UN agencies: Cooperation as facilitator and catalyst		
Jordan	UNDP	UNHCR and UNDP co-lead the process of creating the Regional Refugee and Resilience Plan in Response to the Syria Crisis (3RP). The 3RP integrates humanitarian and development interventions by featuring both resilience and refugee components. UNHCR and UNDP jointly maintain a 3RP Secretariat (funded and staffed largely by UNDP) that supports the coordination and implementation of the 3RP, as well as the coordination of the national plans under the 3RP, such as the Jordan Response Plan. At the country level, UNHCR and UNDP support the relevant national institutions, including the Ministry of Planning and International Cooperation, relevant line ministries and the JRP Secretariat in drafting the JRP.
Jordan	UNICEF, WFP, ILO	UNHCR cooperates with UNICEF, WFP and the Jordanian Government to create a harmonized vulnerability assessment for refugees and Jordanians. UNHCR also works with ILO and UNICEF on a social protection intervention that seeks to develop approaches to graduation out of cash assistance that can be applied to both refugees and Jordanians.
Ethiopia	UNFPA, UN Women, UNDP	A joint pilot project of UNHCR, UNFPA, UN Women and UNDP in Gambella seeks to increase refugee and host community access to justice and to develop the Supreme Court of Gambella's capacity to extend legal services to these communities via mobile courts. The courts hold sessions in refugee camps and play a role in issues such as name changes, which are important for accessing services.

Bangladesh	IOM	In Bangladesh, UNHCR and IOM collaborate to strengthen community policing and security in refugee camps.
Jordan	ILO	In Jordan, UNHCR and ILO have been jointly operating employment offices in Azraq camp since July 2017 and in Zaatari camp since February 2018. These offices facilitate work permit applications and offer information, counselling, training and job matching. This collaboration is also used to develop services that ILO can offer to refugees who are graduating out of UNHCR cash assistance to enable them to work and earn their own income.
Jordan	FAO	UNHCR supported the design of a solid waste management project producing composted materials for livelihoods projects, which is run by FAO in the Zaatari camp.

UN agencies: Cooperation on advocacy

Ethiopia	UNICEF	UNHCR works with UNICEF to advocate with regional water bureaux to include refugees' water needs in regional plans or to create integrated water systems.
Jordan	ILO	ILO, the World Bank and UNHCR cooperate to support the Jordanian Government's implementation of the Jordan Compact, encouraging the Government to meet its commitments in terms of the number of permits offered, to increase the number of sectors for which work permits are available and to improve working conditions.
Jordan	UNICEF	UNHCR and six other members of the Education Working Group followed UNICEF's lead in advocating for all Syrian refugees to be allowed to enrol in public schools. In 2017, the Jordanian Government abolished the requirement for refugees to present government-issued "service cards" ¹²⁸ to enrol in schools. This policy shift followed a commitment King Abdullah II of Jordan made at the first London Conference to foster access to education and to invest additional resources in the school system.

UN agencies: Cooperation to strengthening service capacity and enable service integration

Ethiopia	UNICEF	In partnership with UNICEF, an integrated water management system was created in Itang, Gambella region, and several similar projects are underway in other regions. This system supplies two refugee camps and two towns, replacing costly water trucking. The system was handed over to the local water utility at the end of 2018.
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UN agencies and World Bank: Cooperation to expand support for self-reliance

Global	World Bank, IFC, UNICEF, UNHCR and ILO	The Prospects Partnership brings humanitarian and development partners (the World Bank, IFC, UNICEF, UNHCR and ILO) together under a five-year project consortium, funded by the Netherlands, to work jointly on improving refugee protection as well as host community living conditions in the Horn of Africa and in the Middle East and North Africa (MENA) region.
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¹²⁸ Based on security considerations, these service cards were not issued to refugees who had no birth certificates or who had left a camp without authorization.

Other multilateral development banks: Cooperation as facilitator and catalyst

Bangladesh	Asian Development Bank	In the early days of the Rohingya refugee emergency, UNHCR supported other actors in establishing a field presence in Cox's Bazar by providing office space, transportation and security advice. This type of support was considered crucial to helping other UN Agencies as well as the Asian Development Bank to kick-start their operations, and it fostered links that simplified subsequent communication.
Jordan	Islamic Development Bank	UNHCR-facilitated coordination and data sharing supported a concerted donor effort – which included the Islamic Development Bank – to provide the Jordanian Government with funding to enable the inclusion of Syrian refugees in public health services at reduced rates.
Ethiopia	European Investment Bank	In Ethiopia, the European Investment Bank is part of the Ethiopia Job Compact, a multi-donor effort to improve the investment climate and refugees' employment opportunities. UNHCR has facilitated this effort by supporting the process of establishing eligibility for IDA contributions, among other activities.

Other multilateral development banks: UNHCR as implementer

Burkina Faso, Chad, Mali, Mauritania and Niger	African Development Bank	Under the G5 Sahel regional cooperation and coordination framework, UNHCR and the African Development Bank stepped up their cooperation as part of a joint effort to address the COVID-19 crisis in areas affected by forced displacement. In contrast to the facilitator and catalyst role UNHCR plays with other partners, in this case, it directly implements the programme funded by the bank. The project seeks both to strengthen national health systems to prevent the further spread of COVID-19 and to mitigate the socioeconomic impact of the pandemic through investments in food and nutrition systems. Both components prioritize regions affected by forced displacement.
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